



**SDCA CONFERENCE GROUP REGISTRATION:**

**Please note that this DOES NOT include the SDMHCA or SDSCA Preconference Event, Payment due at Time of Form Submission Payment by Check Preferred.**

(Full Conference Registration includes the Friday Area of Specialty Luncheon and the Friday Awards Banquet)

<b>Group Rate</b> This rate is for 5 individuals.	<b>All Conference</b>	<b>Friday Only</b>	<b>Sat Only</b>
	<b>\$1200.00</b>	<b>\$1000.00</b>	<b>\$600.00</b>

**Please Fill Out Information for Those Attending:**

- 1. Name:**  
**Email Address:**  
**Mailing Address:**  
 Please indicate which luncheon you will be attending \_\_\_\_\_ SDSCA \_\_\_\_\_ SDMHCA \_\_\_\_\_ I am not attending a luncheon  
 Will you be attending the Awards Banquet \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2. Name:**  
**Email Address:**  
**Mailing Address:**  
 Please indicate which luncheon you will be attending \_\_\_\_\_ SDSCA \_\_\_\_\_ SDMHCA \_\_\_\_\_ I am not attending a luncheon  
 Will you be attending the Awards Banquet \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3. Name:**  
**Email Address:**  
**Mailing Address:**  
 Please indicate which luncheon you will be attending \_\_\_\_\_ SDSCA \_\_\_\_\_ SDMHCA \_\_\_\_\_ I am not attending a luncheon  
 Will you be attending the Awards Banquet \_\_\_\_\_ Yes \_\_\_\_\_ No
- 4. Name:**  
**Email Address:**  
**Mailing Address:**  
 Please indicate which luncheon you will be attending \_\_\_\_\_ SDSCA \_\_\_\_\_ SDMHCA \_\_\_\_\_ I am not attending a luncheon  
 Will you be attending the Awards Banquet \_\_\_\_\_ Yes \_\_\_\_\_ No
- 5. Name:**  
**Email Address:**  
**Mailing Address:**  
 Please indicate which luncheon you will be attending \_\_\_\_\_ SDSCA \_\_\_\_\_ SDMHCA \_\_\_\_\_ I am not attending a luncheon  
 Will you be attending the Awards Banquet \_\_\_\_\_ Yes \_\_\_\_\_ No

<b>SDCA Conference Registration Fees Total:</b>	
<b>Number of Counselors attending School Counselor Luncheon</b>	
<b>Number of Counselors attending Mental Health Luncheon</b>	
<b>Number of Counselors attending Awards Banquet</b>	

**TOTAL:** \_\_\_\_\_

**Please make checks payable to: SDCA (NO Purchase Orders Please).** Complete this form and mail with payment to:

**SDCA, PO Box 38, Platte SD 57369**

**Questions Please Email: [sdca.counseling@gmail.com](mailto:sdca.counseling@gmail.com)**

### **LODGING INFORMATION**

SDCA has reserved a block of rooms at the Holiday Inn at the rate of \$99.99 standard room per night or \$129.99 suite room per night. Make your reservations directly with the Spearfish Holiday Inn Convention Center at 605-642-4683. Guests must specify they are with the South Dakota Counseling Association to receive the group rate.

The hotel block will be released on March 31, 2024, and this rate cannot be guaranteed after that time.

### **Cancellation/Refund Policy for 2024 SDCA Conference:**

- Cancellation requests received prior to Feb 15, 2024 – Entire registration fee less 10% for processing.
- Cancellation requests received between Feb 15-March 15, 2024 – Entire registration fee less 20% for processing.
- **NO REFUND** for cancellations made after March 15, 2024.

### **Requests for cancellations and refunds must be made in writing by mail or email**

Mail requests: SDCA PO Box 38 Platte SD 57369

Email requests: [sdca.counseling@gmail.com](mailto:sdca.counseling@gmail.com)

If your company/school paid your fees, the check will be sent back to them.