

WSCA REGISTRATION FORM or ONLINE AT WWW.WSCAWEB.ORG

2024-2025 PRECONFERENCE: NOVEMBER 6 & CONFERENCE: NOVEMBER 7 & 8 · KALAHARI · WISCONSIN DELLS, WI

Please mail form to: **1005 Quinn Drive, Suite 158 | Waunakee, WI 53597**

Name _____ Home Phone _____
 School District/Employer _____ School Name _____
 School Address _____ City/State/Zip _____
 Email (required) _____ Work Phone _____
 CESA _____ Level You Work With _____ Yrs Experience _____

PRECONFERENCE WORKSHOPS REGISTRATION | Wednesday, November 6

Full Day: 9:30 a.m.-4:30 p.m.

Member/Non-Member \$150.00/\$190.00

Session 1A: College Counseling Institute (9-12)

Morning Half Day: 9:30 a.m.-12:30 p.m.

Member/Non-Member \$100.00/\$120.00

Session 2A: Advocacy is Where It's At! Using Data, School Counseling Programming, and Our School Counselor Superpowers, We Can Be Fierce Advocates for our Students and our Profession! (K-12)

Session 2B: Cutting Edge Strategies to Develop Independent Executive Function Skills (K-12)

Session 2C: Empowering People to Break the Bias Habit: Evidence-Based Approaches to Reduce Bias, Create Inclusion, and Promote Equity (K-12)

Session 2D: Putting Protocols in Place: Bullying Prevention, Traumatic Classroom Events, Soft Starts, Impact Statements, Check-Ins, and More (K-12)

Session 2E: School Counselor as Mental Health Consultant: Addressing Child Anxiety in Schools (6-12)

Session 2F: Supporting Students with AODA (K-12)

Session 2G: The ASCA National Model is Equity in Action (K-12)

Afternoon Half Day: 1:30-4:30 p.m.

Member/Non-Member \$100.00/\$120.00

Session 3A: Advanced Solution Focused Counseling-Theory and Practice (K-12)

Session 3B: Advocacy 101 and Beyond - School Counselor State Level Advocacy (K-12)

FREE

Session 3C: Allyship in Action: Creating Safe Spaces for All Students Within Your Community (K-12)

Session 3D: Counseling 2.0: Integrating Computing in Your Counseling Program (K-12)

Session 3E: Educator Nervous System States Through the Lens of Applied Educational Neuroscience (K-12)

Session 3F: Engaging Students in Activity-Based Counseling (K-12)

Session 3G: It's Never Too Early! Academic and Career Planning in Elementary (K-5)

Session 3H: "You Never Told Me That!" A Guide to Using the Tiers to Support Middle School Students (6-8)

Morning/Afternoon Preconference Discount

Apply if registering for both paid AM & PM sessions. Does NOT apply to full-day sessions or free sessions.

(\$50.00)

FULL CONFERENCE REGISTRATION | Thursday, November 7 & Friday, November 8

INCLUDES: Thursday continental breakfast & buffet lunch and Friday brunch

	Before or On 10/01	After 10/01
WSCA Member	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$325.00
Non-Member (Non-Member rate automatically includes 1-year WSCA membership) Please attach a completed membership application form.	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$400.00
WSCA Student Member or Retired Member Advisor's signature (required) verifying 1/2 time or more status for students: _____	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$275.00

Additional Calculations/Fees

WSCA Annual Membership Dues Professional \$70____ Affiliate \$70____ Student \$25____ Retired \$20____ Please attach a completed membership application form.	
Purchase Order Processing Fee (Only include if payment is NOT accompanying the registration) The purchase order must be accompanied by a registration form.	\$5.00

A 25% processing fee is assessed on all requests for refunds.

No refunds will be made after October 15th, 2024.

Total Amount Due:

Make checks payable to WSCA

Mail to:
WSCA Admin
1005 Quinn Drive
Suite 158
Waunakee, WI 53597

For registration questions, contact:

Ph: 608-204-9825
Email: admin@wscaweb.org
Fax: 855.756.9002

PAYMENT METHOD ACCEPTED:

____ CASH ____ CHECK ____ CREDIT CARD

____ INVOICE (only available prior to 07/01/2024, payment must be received by 07/31/2024, or registration is void)

Card # _____

Exp. Date. _____ CVV _____

*A 3% processing fee will be applied to all credit card transactions

EARLY REGISTRATION: Registrations must be postmarked by 10/01/24 to avoid a \$75 rate increase



WISCONSIN SCHOOL COUNSELOR ASSOCIATION 2024-2025 MEMBERSHIP APPLICATION

First _____ MI _____ Last _____

Indicate your preferred: **Mailing Address:** Home ___ School/Work ___ & **Email Address:** Home ___ School/Work ___

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Home Email _____

Employer Name _____

School(s) _____ CESA (if applicable) _____

Work Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Work Email _____

PLEASE CHECK THE LEVEL WHICH BEST DESCRIBES YOUR POSITION

- | | |
|--|---|
| <input type="checkbox"/> Elementary School (K-5) | <input type="checkbox"/> Technical College/University |
| <input type="checkbox"/> K-8 | <input type="checkbox"/> Counselor Educator |
| <input type="checkbox"/> Middle/Jr. High (6-8) | <input type="checkbox"/> Student, Please list college _____ |
| <input type="checkbox"/> High School (9-12) | <input type="checkbox"/> Other, Please list position _____ |
| <input type="checkbox"/> K-12 | |

DO YOU TEACH SCHOOL COUNSELING GRADUATE CLASSES? Yes No If yes, where? _____

PLEASE CHECK THE YEARS OF EXPERIENCE WHICH BEST DESCRIBES YOUR WORK IN SCHOOL COUNSELING

- 0-4 years 5-8 years 9+ years

PLEASE CHECK THE APPROPRIATE MEMBERSHIP LEVEL BELOW

Professional Membership \$70.00 _____

A Professional Member shall be licensed as a school counselor with a License in School Counseling from the DPI.

Affiliate Membership \$70.00 _____

Any person interested in supporting school counseling who is not eligible for any other type of membership.

Student Membership \$25.00 _____

A Student Member must be engaged full-time in a planned program of counselor education pursuing a degree as a counselor. A member may only hold student status for a total of five years or until they have graduated from their education program.

*Professor signature to verify student status _____

Retired Membership \$20.00 _____

A person who has been a school counselor and retires from the profession, and has been a WSCA member for three years prior to becoming retired is eligible for retiree membership.

First-Year Student Membership FREE _____

WSCA membership is FREE for "first-year" students pursuing a degree in school counseling full-time.

*Professor signature to verify student status _____

College/University _____

DID SOMEONE REFER YOU TO JOIN WSCA? Yes No If yes, please provide their full name _____

Send form/payment to:
WSCA Admin Office
1005 Quinn Drive
Suite 158
Waunakee, WI 53597
Fax: (855) 756-9002

PAYMENT METHOD ACCEPTED:
___ CASH ___ CHECK ___ MASTERCARD ___ VISA CARD
NUMBER _____
EXP. DATE _____ CVV _____
**All credit card payments will have a 3% processing fee applied*

For questions, contact:
WSCA Admin. Office
(608) 204-9825
or
admin@wscaweb.org