



# VaCP 12th Annual Meeting Registration Form

Name: \_\_\_\_\_

Office Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

(This is required for confirmation—Please print legibly to ensure delivery)

Profession: \_\_\_\_\_

(Attorney, Financial Specialist, Coach, Child Specialist, etc.)

Credentials: \_\_\_\_\_

(Please provide credentials: **Financial**—CFP, CPA, CDFa; **Child Specialist/Coach**— PLC, LPC, LMFT, LCSW, PhD, PsyD)

Please mail this form with a check payable to VaCP for [Members Early Bird - \\$195](#) (until 10/10/19) or [Non-Members \\$275](#) or pay online, then fax or scan & email registration form to me at VaCP Events:  
<https://vacollaborativepractice.com/event/vacp-12th-annual-conference/>

Darlene Doucette, VaCP Admin.

c/o Cheryl Watson Smith, P.C

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Roanoke, VA 24019-3863

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[VaCPMembership@VaCollaborativePractice.com](mailto:VaCPMembership@VaCollaborativePractice.com)

Interested in being a sponsor? Please circle which level and include your check with this registration form. You may also pay online. We appreciate your support!

[Platinum \(\\$1,500\)](#)

[Gold \(\\$1,000\)](#)

[Silver \(\\$500\)](#)

[Supporter \(\\$200\)](#)

### **Refund Policy**

A \$50.00 Administration Fee will be charged to each Registrant. A refund, minus Administration Fee, shall be provided to a Registrant if a written request for a refund is received by VaCP at least thirty (30) days prior to the training date. If a written request for a refund is received by VaCP less than thirty (30) days before the training date, no refund shall be provided to Registrant.