

VaCP 12th Annual Meeting Registration Form

Name:	
Office Street	Address:
City, State, Zi	p:
Phone: (
Email:	@
	(This is required for confirmation—Please print legibly to ensure delivery)
Profession: _	
	(Attorney, Financial Specialist, Coach, Child Specialist, etc.)
Credentials: _	
	e credentials: Financial—CFP. CPA. CDFA: Child Specialist/Coach— PLC. LPC. LMFT. LCSW. PhD. PsvD

Please mail this form with a check payable to VaCP for Members - \$195 (until 9/30/19) or Non–Members \$275 [Click link to pay online, then fax or scan & email registration form to me.]

Darlene Doucette, VaCP Admin.
c/o Cheryl Watson Smith, P.C
5440 Peters Creek Road, Suite 104
Roanoke, VA 24019-3863
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.