



## CHEP Program Registration Form

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Discipline (circle one): ACCME / ADA / APA / NBCC / NAADAC / MDSW / WVSWV Other: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

If you are registering as a VA VISN 5 Employee, please select your location (circle one):

Baltimore / Beckley / Clarksburg / Huntington / Martinsburg / Perry Point / Washington, DC

Please provide any major dietary restrictions or food allergies: \_\_\_\_\_

Date of Program: \_\_\_\_\_ Program Type: Clinical / Dental / S&W Cost: \_\_\_\_\_

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APA Certificate: Yes / No (If yes, add \$10 to total amount paid) Total Amount Paid: \_\_\_\_\_

*By submitting this registration, I agree that I have read and understand the cancellation policy. I understand that payment is due at time of registration or within 7 days of registration if paying via check. My registration is not considered definite until payment is received. If I registered as a VA VISN 5 Employee, I will be required to show proof of current employment via my government issues VA ID at check in.*

To pay via check, please make checks payable to CHEP Inc. and mail with this form to:

CHEP Inc.  
Attn: Local Programs  
PO Box 229  
Perryville, MD 21903

To pay via credit card, please complete the below or call our office at 410-642-1195:

Name on card: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Total Amount to be Charged: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_ Date: \_\_\_\_\_