



### CHEP Program Registration Form

Register for multiple programs. PLEASE WRITE LEGIBLY! One registrant per form.

#### Event Information

Program Title 1: \_\_\_\_\_

Program Date 1: \_\_\_\_\_ Program Fee 1: \_\_\_\_\_

Program Title 2: \_\_\_\_\_

Program Date 2: \_\_\_\_\_ Program Fee 2: \_\_\_\_\_

Program Title 3: \_\_\_\_\_

Program Date 3: \_\_\_\_\_ Program Fee 3: \_\_\_\_\_

Program Title 4: \_\_\_\_\_

Program Date 4: \_\_\_\_\_ Program Fee 4: \_\_\_\_\_

#### Registrant Information:

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Discipline: *(example: Psychologist, Physician, Certified Counselor) (if you hold multiple please include all. If Social work, please indicate if National, Maryland or WV)* \_\_\_\_\_

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

Are you a Department of Veterans Affairs employee?  YES  NO

Enter any dietary restrictions or major food allergies here: \_\_\_\_\_

#### Payment Information:

Total fees: \$ \_\_\_\_\_

Check  Credit Card  Cash  Voucher *(must include voucher #)*

Credit Card Type: \_\_\_\_\_ Name *(as it appears on card)*: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip code \_\_\_\_\_

Email completed form to [info@chepinc.org](mailto:info@chepinc.org) or fax to 410-642-1148

Mailing Address: CHEP Inc. PO Box 229 Perryville, MD 21903 *(make checks payable to CHEP Inc.)*