

# Virginia Academy of Clinical Psychologists Conference Registration Sheet

## General Conference Registration Required in Order to Attend Any Course or Workshop

- \$\_\_\_ \$275 **VACP Member General Registration**  
(includes all CE functions, meal functions, and social functions)
- \_\_\_ **VACP Luncheon and General Membership Meeting**  
(Free with VACP Member General Registration. Registration required.)
- \$\_\_\_ \$375 **Non-VACP Member General Registration**  
(to obtain discounted rate, join VACP prior to conference)
- \$\_\_\_ \$25 **Student General Registration (Undergraduate and Post-Graduate)**  
(Required of all students attending the conference. Registration valid Thursday Only. Does not include any VACP Courses. If student members desire to take courses, register as a VACP Non-Member). VAPS membership is a separate fee that must be paid directly to VAPS.
- \$\_\_\_ \$75 **Virginia Association for Psychological Science Members (VAPS)**  
(Required of all VAPS members attending the conference. Registration valid Thursday Only. Does not include any VACP Courses. If VAPS members desire to take CE courses, register as a VACP Non-Member)
- \$\_\_\_ **VPF Voluntary Contribution to the Virginia Psychological Foundation** (\$25 suggested)
- \$\_\_\_ **VPLAN Voluntary Contribution to VA Psychologists for Legislative Action Now (VPLAN)** (\$50 suggested)  
(VACP's Political action committee)
- \$\_\_\_ **VACP Conference Contribution** (Helps VACP subsidize students cost at conference)
- \$\_\_\_ **LATE FEE-\$25** (if Registration is not Postmarked/faxed to VACP office on/before **March 27, Students NOT exempt**)  
**\*\* (After April 5, 2019: Registration at the door only, please see the conference registration desk) \*\***
- \$\_\_\_ **TOTAL-** For general conference registration, meals, continuing education presentations and contributions.

Name (As it will appear on your name badge): \_\_\_\_\_ Degree \_\_\_\_\_

Affiliation/School: \_\_\_\_\_

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

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Make Checks Payable to VACP or complete information for payment by MasterCard or Visa

Printed Name on Card \_\_\_\_\_ MasterCard/Visa (Circle One)

Account Number \_\_\_\_\_ CVV: \_\_\_\_\_ Exp. Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Authorized Signature: (Required for Credit Card Charges) \_\_\_\_\_

REGISTER ONLINE AT [www.vapsych.org](http://www.vapsych.org) or by credit card, MAIL to VACP office or FAX to VACP at 804-643-0311  
If registering by check: Send Payment & registration form to: Virginia Academy of Clinical Psychologists  
4461 Cox Road, Suite 110  
Glen Allen, VA 20360

\*\*\*\*\*

(For VACP Office Use Only- Copy to be provided at registration to serve as receipt)

Received From: \_\_\_\_\_ Date Received: \_\_\_\_\_

Total Amount Received: \$ \_\_\_\_\_ Paid by Check # \_\_\_\_\_ OR Paid by Credit Card \_\_\_\_\_

**Refund Policy:** Before March 27<sup>th</sup>, full refunds will be provided upon written request. Before April 5<sup>th</sup>, partial refunds will be provided upon written request. After April 5<sup>th</sup>, no refunds will be provided for any reason.