

# 2025 Spring Conference On-Site Registration

Bring this form with you to Kingsmill to register on-site.

Attendee Name: \_\_\_\_\_ (will be used for name badge)

Dietary / ADA Considerations: \_\_\_\_\_ (Please submit by March 7)

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Daily Registration Fees (Includes all CE and meals listed below. Must register for meals by March 7th. No exceptions.)

☐ **\$295 VACP Member General Registration** - Includes all CE, Friday and Saturday breakfasts, Friday lunch, and Friday reception.

☐ **\$395 Non-VACP Member General Registration** - Includes all CE and Friday and Saturday breakfasts.

☐ **\$195 VACP Student Member General Registration** - Includes all CE, Friday and Saturday breakfasts, Friday lunch, and Friday reception.

The following events may be included in your registration, please indicate which you will be attending:

☐ Friday Breakfast

☐ Saturday Breakfast

☐ Friday CE Presentations

☐ Saturday CE Presentations

☐ Friday VACP Member Luncheon (Limited to first 60 members)

☐ Friday VACP Reception

☐ **\$30 Student General Registration (Undergraduate and Graduate)** - Includes Friday breakfast (Registration is required of ALL students presenting **and** attending VAPS sessions only.) *VAPS membership is a separate process that must be completed on the VAPS web site.*

☐ **\$75 Virginia Association for Psychological Science Members (VAPS)** - Includes Friday breakfast (Registration is required of ALL VAPS faculty members attending VAPS sessions. Registration is valid Friday only and does not include any VACP Courses.) *VAPS membership is a separate fee that must be paid directly to VAPS.*

The following event is included in your registration, please indicate if you will be attending:

☐ Friday Breakfast

☐ **\$25 Late Fee** - Applies if registering after March 7, 2025, to all registration types

\$\_\_\_\_\_ **Total Registration Fees**

To contribute to VACP's PAC, Virginia Psychology PAC, visit [www.vapsych.org/donate](http://www.vapsych.org/donate) or scan this QR Code:



☐ **Pay by Check**

☐ **Pay by Credit Card (MasterCard/Visa/American Express)**

Name on account (print): \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_

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

Credit Card CVV code: \_\_\_\_\_

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

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

Signature (required) \_\_\_\_\_ Authorized amount \$ \_\_\_\_\_