



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: _____

Email: _____ Phone: _____

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 or fax to 410-642-1148

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