



**VIRGINIA PSYCHIATRIC REHABILITATION ASSOCIATION**

**VAPRA Conference Registration Form**

*December 2<sup>nd</sup> – 4<sup>th</sup> 2009*

*Norfolk, Virginia*

**REGISTRATION FEES – CHECK ONE:**

- \$95 Virginia VAPRA Member (includes tee-shirt, continental breakfast on Thursday, banquet, and continental breakfast Friday morning for those who attend the business meeting).
- \$105 Non-Member (includes all of the above)
- \$85 reduced rate for CPRP – please supply membership ID number for verification \_\_\_\_\_
- \$60 Single Day Rate
- \$15 Late Registration (After Nov.18, 2009) By Board action, no late fees will be waived.

\_\_\_\_\_ **Total Amount Entered Here**

**PLEASE CHECK ALL THAT APPLY:**

- Consumer
- Mental Health Professional
- Advocate
- Family member
- Other \_\_\_\_\_

\_\_\_\_\_ Check here if you want to attend the banquet on Thursday evening.

**Please neatly print your name below as you wish it to appear on your nametag.**

NAME: \_\_\_\_\_

NAME OF PROGRAM/AGENCY: \_\_\_\_\_

STREET or PO ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL: \_\_\_\_\_

*Note needs for special accommodations:* \_\_\_\_\_

\_\_\_\_\_

**Make Checks Payable to VAPRA and Mail To:**

**Justin Sheets  
C/O The Marshall Center  
4303 W. Broad Street  
Richmond, VA 23230**

**Phone: 804-780-8635**

**Fax: 804-780-4432**

**E-mail: sheetsj@rbha.org**

INVOICES: This “**Conference Registration Form**” serves as your invoice. **REFUNDS:** Refunds are available, minus a \$25 handling fee, for written cancellations received prior to Nov. 18, 2009. No refunds will be made after this date.