

IACCEPT Workshop Registration Form

Name of Center _____

Center Address _____

City _____ State _____ Zip Code _____

Center Email Address _____

Name of Attendee _____

Email Address (optional) _____

Name of Attendee _____

Email Address (optional) _____

Name of Attendee _____

Email Address (optional) _____

Name of Attendee _____

Email Address (optional) _____

Name of Attendee _____

Email Address (optional) _____

Make additional copies as needed.

We will be attending the workshop on _____ at _____
(date) (location)

Method of payment: Check enclosed Bill Center Payment at workshop

Mail payment to:
The Barry Building
2025 Woodbrook Court
Charlottesville, Virginia 22901

OR

Use PayPal @
www.iaccept.org

**PRE-REGISTER AND
SAVE!!**

**Pre-registration: \$10.00
Registration at the door
\$20.00**

*No refunds, but may substitute
employee.*

To pre-register: Phone: 434-249-8488 or sharon@iaccept.org