



**Supervision Training for ACS Credentialed Individuals
August 27, 2010 - Sanford, NC**

REGISTRATION FORM

Please print or write CLEARLY! (or attach a business card)

Name & Credentials: _____

Business/Organization: _____

Title: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

Work Phone: (____) _____ Fax: (____) _____

eMail: _____

Fee: \$225 – LPCANC Members \$450 – Non-Members

Amount Paid: _____

Payment Options:

Cash Check (payable to LPCANC) or Credit Card MasterCard Visa

Card #: _____ Expiration Date: _____

Name on Card: _____

Billing Address (If different from above)

Address: _____

City/State/Zip: _____

Please mail or fax to:

LPCANC
c/o Mariner Management
PO Box 1640
Columbia, MD 21044
Phone/Fax: 888-287-1403