

# IACP ID Waiver/Habilitation Prevocational Services Training Registration Form

Submit by email, mail, or fax to 515.270.1035

Payment MUST accompany registration to be complete.

## Prevocational Services Training

Agency Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

Registrant Name <small>(Please use a second sheet if you have more than 5 registrants.)</small>	CEUs	License #
1. _____	<input type="checkbox"/>	_____
2. _____	<input type="checkbox"/>	_____
3. _____	<input type="checkbox"/>	_____
4. _____	<input type="checkbox"/>	_____
5. _____	<input type="checkbox"/>	_____

### REGISTRATION FEES

• IACP Members (\$15 per person).....# of Attendees \_\_\_\_\_ x \$15 = \$ \_\_\_\_\_

• CEU Fees (Must be paid with registration).....# of Licenses \_\_\_\_\_ x \$15 = \$ \_\_\_\_\_

TOTAL REGISTRATION FEES DUE = \$ \_\_\_\_\_

Paying by Check: Check # \_\_\_\_\_ (Payable to Iowa Association of Community Providers; Fed. ID: 42-1048282)

Paying by Credit Card: VISA   Mastercard   Discover   Cardholder Email: \_\_\_\_\_  
 Acct # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_



Thursday, February 25  
1 to 3:30 pm - Johnston Lions Club



7025 Hickman Road, Suite 5; Urbandale, IA 50322  
P 515.270.9495 • F 515.270.1035

