



CLCP/CCLCP Refresher & Exam Review Webinar Registration Form

This form must be submitted in order to register for the CLCP/CCLCP Refresher & Exam Review Webinar. **You can submit your registration form by fax to (804)378-7267, or email to ichcc1@gmail.com.**

You can also submit your registration form by mail, with payment, to the following address:

International Commission on Health Care Certification
13801 Village Mill Drive
Suite 103
Midlothian, VA 23114

Checks should be made payable to ICHCC. Credit card payments can be made online through the ICHCC website – www.ichcc.org/certifications/products.

Once you are registered, you will receive your invitation via email. You will be asked to download the most recent version of Zoom in order to attend the webinar. Visit www.zoom.us for more information on Zoom’s services.

Should you have any questions, please feel free to contact us directly at (804)378-7273.

Webinar Date: _____

Name: _____
First
Middle Initial
Last

Address: _____

City: _____ State: _____ Zip: _____

E-mail (required): _____ Phone: _____

Total Amount Due: \$150
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