



24th Annual Fall Conference
Wednesday, October 14, 2026
Glen Allen Cultural Center

Director / President / Chairman :

Date:

D D M M Y Y Y Y

Agency Name:

Address:

Contact No:

Email:

Please print Name and Title as it should appear on the name badge. *See reverse side for additional attendees.

ATTENDEE INFORMATION

Full Name:

Title

Email:

Type:

☐

In- Person

☐

Virtual

PAYMENT INFORMATION

Payment Method: ☐ Check ☐ Card ☐ PayPal Transaction ID / Receipt No:

Amount Paid:

Number of Representatives

VAPCP Member: \$235 for the first Member; \$169 for each additional person from same agency.

Non-Member: \$335 for the first person; \$299 for each additional person from the same agency.

We are excited to announce a new referral program for this year's Fall Conference.

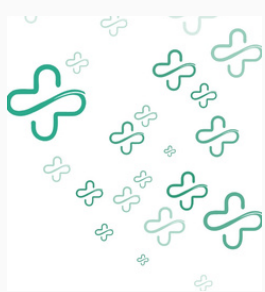
If a current member refers a non-member agency that attends, the referring member will receive a \$75 credit toward the Spring 2027 Conference. The referred agency will also receive a \$50 discount on this year's Fall Conference registration by entering your agency's name as the referral code and submitting payment during registration.

Referral Agency

Registration is valid through Friday, October 9, 2026, payment included. After October 9, 2026, registration MUST be done the day of the event and attendees will be charged the walk-in price of \$360.00 per attendee. Registration payment may be submitted via check, credit card, or PayPal. Checks should be written payable to VAPCP and mailed to the address listed above. Agency name must be noted on your check. For online payment, please submit payment via PayPal at the VAPCP.org website or visit propertypay.firstcitizens.com. Registration is not considered complete without payment.

Walk-in: \$360 check or PayPal only. Cash or credit card payments not accepted at registration. No refunds will be given. Walk-ins will be contingent upon available space.

To avoid potential issues with registration, please be sure to return the completed registration, and if paying by check, mail check and this form(s) to VAPCP c/o ACS West, Inc. by fax at 804-282-9590, email at amber@acswest.org or by mail to 1904 Byrd Avenue, Suite 100, Richmond, VA 23230. Please notify amber@acswest.org if registration form(s) and payment are sent separately.



24th Annual Fall Conference
Wednesday, October 14, 2026
Glen Allen Cultural Center

Please print Name and Title as it should appear on the name badge.

ATTENDEE INFORMATION

Full Name:

Title

Email:

Type: ☐ In- Person ☐ Virtual

ATTENDEE INFORMATION

Full Name:

Title

Email:

Type: ☐ In- Person ☐ Virtual

ATTENDEE INFORMATION

Full Name:

Title

Email:

Type: ☐ In- Person ☐ Virtual

ATTENDEE INFORMATION

Full Name:

Title

Email:

Type: ☐ In- Person ☐ Virtual

ATTENDEE INFORMATION

Full Name:

Title

Email:

Type: ☐ In- Person ☐ Virtual