

# 2025 COLLABORATIVE INTRODUCTORY TRAINING Registration Form

Name: \_\_\_\_\_

Organization/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Profession: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you a current CPIM member? ☐ Yes ☐ No

## PAYMENT:

☐ Check (made payable to "CPIM")

☐ Credit card (Scan QR code to pay online)



EARLY BIRD RATE



STANDARD RATE



CPIM MEMBER

## MAIL, E-MAIL, OR FAX COMPLETED REGISTRATION TO:

Collaborative Practice Institute of Michigan  
Attn: Aime VanderMeer  
PO Box 141035  
Grand Rapids, Michigan 49514

Phone: 616-608-7514  
Fax: 616-233-9166  
E-mail: [admin@collaborativepracticemi.org](mailto:admin@collaborativepracticemi.org)

**CANCELLATION POLICY:** 30 days (75% refund), 14 days (50% refund) 7 days, 25% refund)

We regret that we cannot honor refund requests within the week before the workshop.  
Please email: [admin@collaborativepracticemi.org](mailto:admin@collaborativepracticemi.org) with any special arrangements or dietary restrictions.