Conference Registration Form

ACC Interdisciplinary Forum for Discovery in Life Sciences
October 3-6, 2010
The Inn at Virginia Tech and Skelton Conference Center • Blacksburg, Virginia

Please print or type—complete a separate form for each participant

Name
Title
Organization *Org.'s FID#  
Address
City State Zip
Daytime Phone No. Fax No.
E-mail
Signature

Registration fee: $75 (Register by September 1, 2010 to receive a special giveaway.)

Name as you want it to appear on your name tag: ________________________________

Name of your department: ____________________________________________________

Are you a faculty?
□ Yes □ No

Are you a student?
□ Yes □ No

If you are a student, are you a(n):
□ undergraduate □ graduate □ post-doctoral

If you are a student, what is your expected graduation year? _________________

Students who register early (by September 1, 2010) will receive a free t-shirt. If you are a student, please indicate your t-shirt size:
□ S □ M □ L □ XL

Will you be attending the Sunday afternoon student interdisciplinary training session (1:00 p.m. – 5:00 p.m.) at the Graduate Life Center?
□ Yes □ No
If you are a student, are you willing to share a hotel room with another student?

☐ Yes  ☐ No

If you are a student who is willing to share a hotel room with another student, do you give us permission to share your contact information with other students seeking a roommate?

If you are a student who is willing to share a hotel room with another student, what is your gender? __________

On Tuesday afternoon, open sessions will be scheduled. Please indicate which of these sessions you would most like to participate in (Select 1):

☐ Regional activity (i.e. hiking, walking)
☐ Research interest discussion groups
☐ Virginia Tech campus tour

Do you have any medically necessary (or vegetarian) dietary needs? If so, please indicate: ______________

Method of payment: Payment of registration fees is required prior to program attendance. Registration will be processed when payment is received.

☐ Check enclosed (Make payable to: Treasurer, Virginia Tech CE)
☐ Credit Card:  ☐ Visa  ☐ MC  ☐ AmEx

Card No.  Exp. Date
Cardholder name
Cardholder signature  Date

Return with payment by September 17, 2010 (no staples, tape, or paper clips, please) to:

Conference Registrar
Continuing and Professional Education
Virginia Tech, Mail Code 0272
702 University City Blvd.
Blacksburg, VA 24061

phone: 540/231–5182
fax: 540/231–3306 (for credit card registrations only)

Refund and Cancellation Policy
Requests for refunds will be honored when received seven calendar days prior to the program. However, another person may be substituted at any time for this program. A $25 administrative fee will be deducted for cancellations. In the unlikely event that this program is cancelled or postponed due to insufficient enrollments or unforeseen circumstances, the university will fully refund registration fees but cannot be held responsible for any other expenses, including cancellation or change charges assessed by airlines, hotels, travel agencies, or other organizations.

For weather or disaster-related program cancellation or postponement information, please call 540-231-9489.

*Necessary to process a refund payable to any company, agency or government.
The information you provide is subject to the Freedom of Information Act guidelines.