



Name \_\_\_\_\_

If you purchased spouse/guest tickets for any function, please provide the name(s) for name tag purposes.

\_\_\_\_\_

Do you require vegetarian meals?  Yes  No

If you purchased a guest ticket, does your guest require a vegetarian meal?  Yes  No

**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 **June 1, 2008** (no staples, tape, or paper clips, please) to:

Conference Registrar Emily York  
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.*

<b>Office Use</b>	Received
	AMT: _____
	CHK#: _____
	DATE: _____