

# Conference Registration Form

## College Bound

June 23-25, 2010

Blacksburg, Virginia

**Note:** College Bound (CB) is limited to 45 students. Applicants will be accepted on a first come, first serve basis.

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

### Personal Information:

Student's Name: \_\_\_\_\_ Gender:  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's E-mail: \_\_\_\_\_

Grade for Fall 2010:  HS Jr.  HS Sr.  College Fr.

T-Shirt Size:  Small  Medium  Large  XLarge  2XLarge

How did you hear about College Bound? (Select all that apply.)

Brochure  Webpage  Teacher  Counselor  Other \_\_\_\_\_

Ethnic Group:

Asian  Black  Caucasian  Hispanic  Native American/Islander

Disability category(s): (Select all that apply.)

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> ADD                   | <input type="checkbox"/> Medical     |
| <input type="checkbox"/> ADHD                  | <input type="checkbox"/> Mobility    |
| <input type="checkbox"/> Asperger's            | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Autism                | <input type="checkbox"/> Speech      |
| <input type="checkbox"/> Brain Trauma          | <input type="checkbox"/> Vision      |
| <input type="checkbox"/> Deaf/ Hard of Hearing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> LD                    |                                      |

If you chose "Other" under Disability category, please describe: \_\_\_\_\_

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Name \_\_\_\_\_

Accommodations requested for College Bound participation (request deadline is May 15, 2010; *Check all that apply.*)

- |  |  |
|--|--|
| <input type="checkbox"/> Accessible Lodging        | <input type="checkbox"/> Special Diet  |
| <input type="checkbox"/> Accessible Transportation | <input type="checkbox"/> TTY Telephone |
| <input type="checkbox"/> Braille Text              | <input type="checkbox"/> None          |
| <input type="checkbox"/> Enlarged Text             | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Interpreter               |  |

If you chose "Other" under Needed Accommodations, please explain: \_\_\_\_\_

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If you chose "Special Diet" under Needed Accommodations, please explain: \_\_\_\_\_

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Feel free to add information about student or parent needs that would be helpful to our staff with regard to your College Bound Experience.

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**For verification purposes, please provide High School contact information.**

This student has a(n) (*Check all that apply.*):

- 504 Plan     IEP     Service Plan     Other \_\_\_\_\_

If other, please describe: \_\_\_\_\_

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High School name: \_\_\_\_\_

High School phone number: \_\_\_\_\_

Teacher, Guidance Counselor or 504 Coordinator: \_\_\_\_\_

If applicable, Vocational Rehabilitation School Counselor: \_\_\_\_\_

Name \_\_\_\_\_

## College Planning

Please list prospective colleges or universities: \_\_\_\_\_

\_\_\_\_\_

Have you applied for admission to a college or university?  Yes  No

Prospective college major(s): \_\_\_\_\_

\_\_\_\_\_

Current career goal(s): \_\_\_\_\_

\_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian Name(s): \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

If student participant is age 17 or under, who has primary custody:

Both Parents  Father  Mother  Other

If someone other than the mother/father has primary custody of student, please provide name, address, phone and email address, if different from above: \_\_\_\_\_

\_\_\_\_\_

First and Last Name(s) of  
Parent(s) or Guardian(s) attending College Bound: \_\_\_\_\_

Parent/Guardian accommodations requested: \_\_\_\_\_

**Emergency Contact Information:**

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Location/Address: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Alternate Phone Number: \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_

Alternate Emergency Contact Phone Number: \_\_\_\_\_

**Registration fee:**

- \$80 Parents/Guardians – Off-Campus (\$100 after April 30)
- \$180 Parents/Guardians/Other – On-campus One Person, Single Occupancy (\$200 after April 30)

$$\frac{\text{---}}{\text{(# of people)}} \times \$ \frac{\text{---}}{\text{(price of conference)}} = \frac{\text{---}}{\text{(TOTAL)}}$$

- \$300 Parents/Guardians – On-campus, Two People, Double Occupancy (\$315 after April 30)
- \$250 Students – On-campus (\$265 after April 30)

**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 **May 31, 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 depending upon when cancellation notice is received. However, another person may be substituted at any time for this program. A \$25 administrative fee will be deducted for cancellations. For requests received after June 1, 2010, each attendee will forfeit one-half of their registration fee in addition to the \$25 administration fee. No refunds will be issued for those cancelling after June 15, 2010. 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: _____