

Conference Registration Form

CPS/CAP Review Course

Module 1: Office Systems and Technology: April 17–May 22, 2008

Module 2: Office Administration: June 5–July 17, 2008

Module 3: Management: July 31–September 4, 2008

Module 4: Advanced Organizational Management: September 18–October 23, 2008

The Virginia Tech Hampton Roads Center, Virginia Beach, VA

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

Name

Title

Organization

*Organization's FID#

Address

City

State

Zip

Daytime Phone

Fax

E-mail

Signature

- Registration fee(s):**
- \$189 – Module 1
 - \$189 – Module 2
 - \$189 – Module 3
 - \$189 – Module 4
 - \$716 – All four Modules
- Total: \$ _____

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 Number

Exp. Date

Cardholder Name

Cardholder Signature

Date

Return form by **One Week Prior To Module Start Date**

(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.

Office Use	Received	AMT: _____
		CHK#: _____
		DATE: _____

*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.