

Conference Registration Form

32nd Campaigning with Lee – Civil War Institute

June 20-26, 2010 • The Clarion Hotel and Conference Center • Hagerstown, MD

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

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone No. _____ E-mail _____

Please check appropriate box for registration:

Full Registration (Fee includes registration, instructional leadership, materials, parking, breakfasts, lunches, dinners, administrative costs and six nights lodging {either single or double occupancy}.) Please note your hotel reservation will be made for you at the Clarion Hotel and Conference Center.

\$950 per person, double occupancy* \$1250 per person, single occupancy

Commuter fee with all meals (Fee includes registration, instructional leadership, materials, parking, breakfasts, lunches, dinners, and administrative costs.)

\$700 per person

Your Gender _____

Name as you want it to appear on your nametag: _____

Emergency Contact Information:

Name _____

Home Phone _____ Cell Phone _____

*Please indicate the name of your roommate if you selected double occupancy: _____

Meals – All meals are buffet to accommodate most dietary needs. Please let us know of any medically necessary (or vegetarian) meal requirements: _____

Please choose one of the following. Note room assignments will be made based upon availability; therefore, we cannot guarantee your room preference.

- My preference is a poolside room.
 My preference is an exterior room away from the pool.

Other accommodations needed _____

Payment Methods: (Request for refunds are honored if received by May 10, 2010.)

- I am enclosing my \$100 deposit with my registration form and I will mail the balance by April 30, 2010.
 I am enclosing my \$100 deposit with my registration form. I authorize you to charge the balance to my credit card on April 30, 2010. I have provided the credit card information below.
 I am enclosing the entire fee due with this form.
 Check enclosed (Make payable to: Treasurer, Virginia Tech CE)
 Credit Card: Visa MC AmEx

Card No. _____ Exp. Date _____

Cardholder name _____

Cardholder signature _____ Date _____

Return registration form with deposit/ payment 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)

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

For registration questions, please contact: Joanne Warren at jtwarren@vt.edu, (540) 231-8220. For program questions, contact Donna Raines at draines@vt.edu, (540) 231-5241.

Refund and Cancellation Policy
Requests for refunds will be honored if received by May 10, 2010. However, another person may be substituted at any time for this program. A \$100 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.

The information you provide is subject to the Freedom of Information Act guidelines.

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

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Registration deadline: April 30, 2010