

5th Annual Energy Harvesting Workshop – sponsors/exhibitors

March 3-4, 2010

The Inn at Virginia Tech and Skelton Conference Center, Blacksburg, Virginia

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

Contact Name _____

Company Name _____ *Company's FID# _____

Contact Email _____

Contact Address _____

City _____ State _____ Zip _____

Contact Phone _____ Contact Fax _____

Signature _____

Sponsor/Exhibitor Levels:

\$5000 Platinum Sponsor (with exhibit space, includes banquet and 4 additional representatives)

1. _____ Email: _____

Please indicate your entree selection for Wednesday's banquet: Beef Chicken Fish Vegetarian

Do you have any medical dietary needs? Is so, please indicate: _____

2. _____ Email: _____

Please indicate your entree selection for Wednesday's banquet: Beef Chicken Fish Vegetarian

Do you have any medical dietary needs? Is so, please indicate: _____

3. _____ Email: _____

Please indicate your entree selection for Wednesday's banquet: Beef Chicken Fish Vegetarian

Do you have any medical dietary needs? Is so, please indicate: _____

4. _____ Email: _____

Please indicate your entree selection for Wednesday's banquet: Beef Chicken Fish Vegetarian

Do you have any medical dietary needs? Is so, please indicate: _____

\$4000 Gold Sponsor (with exhibit space; includes banquet and 3 additional representatives)

1. _____ Email: _____

Please indicate your entree selection for Wednesday's banquet: Beef Chicken Fish Vegetarian

Do you have any medical dietary needs? Is so, please indicate: _____

2. _____ Email: _____

Please indicate your entree selection for Wednesday's banquet: Beef Chicken Fish Vegetarian

Do you have any medical dietary needs? Is so, please indicate: _____

3. _____ Email: _____

Please indicate your entree selection for Wednesday's banquet: Beef Chicken Fish Vegetarian

Do you have any medical dietary needs? Is so, please indicate: _____

\$3000 Gold Sponsor (without exhibit space; includes banquet, and 2 additional representatives)

1. _____ Email: _____

Please indicate your entree selection for Wednesday's banquet: Beef Chicken Fish Vegetarian

Do you have any medical dietary needs? Is so, please indicate: _____

2. _____ Email: _____

Please indicate your entree selection for Wednesday's banquet: Beef Chicken Fish Vegetarian

Do you have any medical dietary needs? Is so, please indicate: _____

\$2000 Silver Sponsor (with exhibit space and 1 additional representative)

1. _____ Email: _____

Please indicate your entree selection for Wednesday's banquet: Beef Chicken Fish Vegetarian

Do you have any medical dietary needs? Is so, please indicate: _____

2. _____ Email: _____

Please indicate your entree selection for Wednesday's banquet: Beef Chicken Fish Vegetarian

Do you have any medical dietary needs? Is so, please indicate: _____

\$1000 Silver Sponsor (without exhibit space)

1. _____ Email: _____

Please indicate your entree selection for Wednesday's banquet: Beef Chicken Fish Vegetarian

Do you have any medical dietary needs? Is so, please indicate: _____

\$1000 Exhibitor Only

1. _____ Email: _____

Please indicate your entree selection for Wednesday's banquet: Beef Chicken Fish Vegetarian

Do you have any medical dietary needs? Is so, please indicate: _____

Optional fee:

\$45 Banquet - Guest \$45 x _____ = \$_____

Guest Name _____

Please indicate your guest's entree selection for Wednesday's banquet: Beef Chicken Fish Vegetarian

Does your guest have any medical dietary needs? If so, please indicate: _____

Contact Name _____

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 **January 29, 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. No refunds will be processed after 5:00 p.m. on February 24, 2010. However, another person may be substituted at any time for this program. A \$60 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.*