Conference Registration Form

11th Annual Energy Harvesting Workshop
September 6-7, 2016
The Virginia Tech Research Center - Arlington, Virginia

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

Name
Title
Organization *Org.'s FID#
Mailing Address
City State Zip
Daytime Phone No. Fax No.
Email Signature

Registration fee: $349

Do you have any medically necessary dietary needs? ______________________________________________________

If you are presenting an abstract please provide the name: __________________________________________________

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 $75 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.

AMT: ____________________________
CC/CHK#: ____________________________
DATE: ____________________________

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

To pay a fee by a VT department via HokieMart, you must select “VT CPE registration fee” as your vendor and attach this completed form.

☐ Check enclosed (Make payable to: Treasurer, Virginia Tech CE)

Checks must be drawn on U.S. bank in U.S. dollars.
(There will be a $50 processing fee for all returned checks.)

☐ Credit Card: ☐ Visa ☐ MC ☐ AmEx
(Credit Card payment may be mailed, faxed, or given to registrar over the phone. No credit card information will be processed by voice mail or email.)

Cardholder name__________________________________________
Cardholder signature__________________________________________ Date

Return with payment by August 31, 2016
7, 2015 (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

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Office Use
Entered

AMT: ________________
CC/CHK#: ________________
DATE: ________________
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