Conference Registration Form

2016 Growers Academy – Christiansburg

January 19 – March 1, 2016
Christiansburg, Virginia

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Organization</td>
<td>*Org.’s FID#</td>
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<td>Mailing Address</td>
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<td>Daytime Phone No.</td>
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<td>Email</td>
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Registration fee: $200

What type of agriculture business are you interested in starting? ____________________________________________________________

Do you have previous experience with this endeavor?  
☐ 1-3 Years  ☐ 3-5 Years  ☐ 5-10 Years

Do you have any business management background? Explain: ____________________________________________________________

What do you hope to gain from attending the Growers Academy? ____________________________________________________________

Refund and Cancellation Policy
Requests for refunds will be honored when received 14 calendar days prior to the program. However, another person may be substituted at any time for this program. A $50 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.

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) 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 January 18, 2016 (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)

Office Use

Entered

AMT: ____________

CC/CHK#: ____________

DATE: ____________

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