

Conference Registration Form

8th International Conference on Services Management

November 28-30, 2015

Crystal Gateway Marriott • 1700 Jefferson Davis Highway • Arlington, Virginia 22202

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: \$475 Standard Participant (*\$575 after September 20*)

\$250 Student Participant (*\$350 after September 20*)

Optional Fee(s): \$150 Reception/Dinner Companion Ticket (Guest name: _____)

Would you be interested in registering for an optional \$75 post-conference Washington D.C. Bus Tour on Tuesday, December 1? If you indicate yes, more information will be sent to you via email prior to the conference: Yes No

Will you be attending the reception on Saturday, November 28? Yes No

Do you have any medically necessary (or vegetarian) dietary needs: _____

Does your guest have any medically necessary (or vegetarian) dietary needs: _____

Please indicate any Americans with Disability Act (ADA) requirements: _____

Office Use	Entered	
	AMT:	_____
	CC/CHK#:	_____
	DATE:	_____

Name: _____

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 \$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.*

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 _____

Card No. _____

Exp. Date _____

Return with payment by **November 6, 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 registrations only)