

IUPAC Pre-Conference Short Course Introduction to Structure and Properties of Macromolecules

June 20-22, 2012

Virginia Tech • Blacksburg, Virginia, U.S.A.

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

Name _____

Title _____

Organization _____ *Org.'s FID# _____

Address _____

City _____ State _____ Zip _____ Country _____

Daytime Phone No. _____ Fax No. _____

Email _____ Signature _____

Registration fee: \$995 Non-Academic Participant
 \$495 Academic Faculty
 \$325 Student

What is your highest degree achieved? _____

In what discipline did you earn your highest degree? _____

Please indicate if you have any medically necessary (or vegetarian) dietary needs. _____

Refund and Cancellation Policy

Please notify us by June 3, 2012 if you are unable to attend the program. If you are unable to attend, for any reason, another person may be substituted at any time for this program. A \$150 cancellation 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.

Return with payment by **June 3, 2012**
(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)

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.

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 _____

**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.

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

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