

Conference Registration Form

The Mechanics Conference to Celebrate the 100th Anniversary of the Department of Engineering Science and Mechanics

May 29-30, 2008

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

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

Name _____

Title _____

Organization _____ *Org.'s FID# _____

Address _____

City _____ State _____ Zip _____

Daytime Phone No. _____ Fax No. _____

E-mail _____ Signature _____

- Registration fee:** \$300 Standard
 \$150 VT Faculty
 \$150 VT Student
 \$150 Non-VT Student (*must be accompanied by professor*)

Accompanying Professor's Name: _____

- Optional fee:** \$50 Guest Banquet Ticket for Thursday, May 29
 \$50 x _____ (up to 5 tickets) = \$ _____

Total due: \$ _____

Do you require a vegetarian meal? Yes No

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 _____

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 \$25 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.

Return with payment by **May 16, 2008** (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	Received	AMT: _____
		CHK#: _____
		DATE: _____