

Conference Registration Form

Form-Based Codes: Certification Program

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 _____

What is your job specialization?

- Architect Planner Elected official Government Agency Staff
 Appointed official Developer Realtor Other _____

Registration fees:

Form-Based Codes 201: Design Intensive Workshop

- July 20-22, 2006 • Berkeley, CA
 \$725 (early registration through June 29, 2006)
 \$785 (after June 29, 2006)
**Registrations will not be accepted after July 14, 2006.*

Form-Based Codes 301: Legal & Administrative Considerations

- August 10-12, 2006 • Alexandria, VA
 \$725 (early registration through July 20, 2006)
 \$785 (after July 20, 2006)
**Registrations will not be accepted after August 4, 2006.*

Total: _____

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 _____

Return with payment (*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)

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 \$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.

**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: _____
		CHK#: _____
		DPST: _____
		DATE: _____

formbasedcodes webpdf
 February 23-25 (562401)
 March 16-18 (562421) May 1-3 (562832)
 July 20-22 (562424) August 10-12 (562423)