

Conference Registration Form

Project Management Certification

January 23 – March 20, 2010

Virginia Tech Northern Virginia Center • Falls Church, 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: \$2625

How did you hear about our program? _____

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

Loan

Please note that all loan information must be processed at least two weeks prior to start of class. Contact Nancy Rakes at (540) 231-2922 if you are requesting a student loan.

Purchase Order

Purchase order and verification from your employer must be provided prior to the start of class.

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 \$200 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 **January 16, 2010** (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: _____
		CC/CHK#: _____
		DATE: _____