

Conference Registration Form

# Recently Appointed Administrators

September 30–October 2, 2009

November 11–13, 2009

January 20–22, 2010

March 3–5, 2010

The Hotel Roanoke & Conference Center | Roanoke, VA

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

Name

Title

Organization

\*Organization's FID#

Address

City State Zip

Daytime Phone Fax

E-mail

Signature

- Registration fee:**  \$2,400 WEVPEC members  
 \$2,900 non-WEVPEC members

**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 Number Exp. Date

Cardholder Name

Signature Date

Return form by **September 11, 2009**  
(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)

\*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.

### Refund and Cancellation Policy

Requests for refunds will be honored when received prior to September 19, 2009. 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.

<b>Office Use</b>	Received	AMT: _____
		CHK#: _____
		DATE: _____