Conference Registration Form

An Economic, Cultural Investment Summit: Engaging Diverse Communities

June 22, 2006
The Hotel Roanoke & Conference Center • Roanoke, 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: $59

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 by June 9, 2006 (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 $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.

*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: ____________

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