

Conference Registration Form

T/TAC presents “Don’t We Already Do Inclusion?” with Paula Kluth

October 17, 2017 • Southwest Virginia Higher Education Center • Abingdon, Virginia

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

Name _____

Title _____

School Division _____ School Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone No. _____ Fax No. _____

Email _____ Signature _____

Registration fee: \$50

What is your teaching area/grade level? _____

Please select your title (only choose one):

- Administrator, GE
- Administrator, SE
- Behavior Specialist
- College Student
- Guidance Counselor
- Human Services Agency
- Mental Health Specialist
- Occupational Therapist
- Paraprofessional
- Parent/Family
- Physical Therapist
- Pre K-12 Student
- Social Worker
- Speech Pathologist
- Teacher, GE
- Teacher, SE
- Transition Coordinator
- University Faculty
- Voc. Teacher Admin.
- Other: _____

Program Affiliation (select all that apply)

- Adult Ed/Family Literacy
- Community Based
- Early Childhood Spec. Ed.
- Early Intervention (Part C)
- Even Start
- General (or Regular) Ed.
- Head Start
- Homeless
- Migrant Education
- Occupational Child Care
- Preschool Initiative
- School Age Spec. Ed.
- Title 1
- Other: _____

Office Use	Entered	AMT: _____
		CC/CHK#: _____
		DATE: _____

Name: _____

Student disabilities you serve (Select all that apply-if all apply, please check "All Disabilities"):

- ADD/ADHDI
- ASD
- Blind
- Deaf
- Deaf-Blind
- HI
- ID (Formerly MR)
- LD
- MD
- OH
- OHI
- OI
- SLI
- LD
- TBI
- VI
- All Disabilities

Please list any special dietary needs: _____

Refund and Cancellation Policy

No refunds will be issued however, another person may be substituted at any time for this program. In the unlikely event that this program is cancelled or postponed due to insufficient enrollments or unforeseen circumstances, the university 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.

Return with payment by **October 11, 2017**
(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)

Method of payment: *Payment of registration fees is required prior to program attendance. Registration will be processed when payment is received.*

To pay a fee by a VT department via HokieMart, you must select "VT CPE registration fee" as your vendor and attach this completed form.

Check enclosed (Make payable to: Treasurer, Virginia Tech CE)

Checks must be drawn on U.S. bank in U.S. dollars.

(There will be a \$50 processing fee for all returned checks.)

Purchase Order PO # _____
Purchase order (PO #) and verification from your employer must be provided prior to the start of the institute.

PO # Billing Address _____

City _____ State _____ Zip _____

Credit Card*: Visa MC AmEx
(Credit Card payment may be mailed, faxed, or given to registrar over the phone. No credit card information will be processed by voice mail or email.)

**Please note: charges will appear on your statement as "VT CONTINUING AND PROF EDUCATION".*

Cardholder name _____

Cardholder signature _____ Date _____

Card No. _____ Exp. Date _____

**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.