

## Conference Registration Form

**The Virginia Transition Forum 2010**

March 15-17, 2010

The Hotel Roanoke and 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 fees:  A. \$119 Early Bird Registration for 3 day attendance (*\$149 after February 12, 2010*)  
 B. \$89 For Monday March 15 attendance  
 C. \$89 For Tuesday March 16 attendance  
 D. \$89 For Wednesday March 17 attendance  
 E. \$89 Full-Time High School Student for 3 day attendance (with Student ID)

Accessibility Needs and Dietary Restrictions: \_\_\_\_\_

What is your Teaching Area/Grade Level? \_\_\_\_\_

Title (Service Providers) (*Only choose one*):

- |   |   |
|---|---|
| <input type="checkbox"/> Administrator, GE      | <input type="checkbox"/> Pre-K-12 Student               |
| <input type="checkbox"/> Administrator, SE      | <input type="checkbox"/> Speech Pathologist             |
| <input type="checkbox"/> College Student        | <input type="checkbox"/> Teacher, GE                    |
| <input type="checkbox"/> Guidance Counselor     | <input type="checkbox"/> Teacher, SE                    |
| <input type="checkbox"/> Human Services Agency  | <input type="checkbox"/> Transition Coordinator         |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> University Faculty             |
| <input type="checkbox"/> Paraprofessional       | <input type="checkbox"/> Voc. Teacher Admin.            |
| <input type="checkbox"/> Parent/Family          | <input type="checkbox"/> Other Related Service Provider |
| <input type="checkbox"/> Physical Therapist     | <input type="checkbox"/> Other _____                    |

Program Affiliation (*Check all that apply*):

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Ed./Family Literacy | <input type="checkbox"/> Migrant Education       |
| <input type="checkbox"/> Early Childhood Spec. Ed  | <input type="checkbox"/> Occupational Child Care |
| <input type="checkbox"/> Early Intervention        | <input type="checkbox"/> Preschool Initiative    |
| <input type="checkbox"/> Even Start                | <input type="checkbox"/> School Age Spec. Ed.    |
| <input type="checkbox"/> General (or Regular) Ed.  | <input type="checkbox"/> Title 1                 |
| <input type="checkbox"/> Head Start                | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Homeless                  |  |

Name \_\_\_\_\_

Disability Descriptions (Check all that apply – if all apply, please check “All Disabilities”):

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> OHI              |
| <input type="checkbox"/> Autism   | <input type="checkbox"/> OI               |
| <input type="checkbox"/> DB       | <input type="checkbox"/> SD               |
| <input type="checkbox"/> DDel     | <input type="checkbox"/> SLD              |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> SLP              |
| <input type="checkbox"/> ED       | <input type="checkbox"/> TBI              |
| <input type="checkbox"/> HI       | <input type="checkbox"/> VI               |
| <input type="checkbox"/> MD       | <input type="checkbox"/> All Disabilities |
| <input type="checkbox"/> MR       |   |

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 \_\_\_\_\_

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

Return with payment by **March 10, 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)

**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.

For weather or disaster-related program cancellation or postponement information, please call 540-231-9489.

<b>Office Use</b>	Received
	AMT: _____
	CC/CHK#: _____
	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.*