

Conference Registration Form

Small Animal Radiography for Veterinary Technicians

April 14, 2007

VA-MD Regional College of Veterinary Medicine — Duckpond Drive, Blacksburg, 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: \$425

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

Return form by **March 31, 2007**
(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 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.

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

Office Use	Received	AMT: _____
		CHK#: _____
		DPST: _____
		DATE: _____