

Registration Form

Transportation Construction Management Institute

February 18–27, 2009

The Inn at Virginia Tech and Skelton Conference Center • Blacksburg, VA

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: \$3650

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 **February 4, 2009** 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/Substitution Policy

Please notify us as soon as possible if you are unable to attend the program. If you are unable to attend, for any reason, another person may be substituted at any time for this program. Cancellations for refund must be received 7 days prior to the program date. No refunds will be processed after February 11, 2009. A \$250 cancellation processing fee will be deducted from all refunds. In the unlikely event that this program is cancelled or postponed due to insufficient enrollments, inclement weather, or unforeseen circumstances, the university will fully refund registration fees, if applicable, 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.

**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: _____