

Virginia EMS Conference

October 6-8, 2008

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 fees:

	Full	Commuter†
Early Registration (through August 8)	<input type="checkbox"/> \$599	<input type="checkbox"/> \$439
Regular Registration (through September 8)	<input type="checkbox"/> \$659	<input type="checkbox"/> \$499
Late Registration (after September 8)	<input type="checkbox"/> \$719	<input type="checkbox"/> \$549

†Commuter registration does not include hotel room.

Optional Meal fees:

*Deadline to purchase spouse/guest meals is **September 22, 2008**. Meals are nonrefundable.*

October 6 Luncheon Buffet - Guest	<input type="checkbox"/> \$17.55
October 6 Dinner Buffet - Guest	<input type="checkbox"/> \$32.50
October 7 Luncheon Buffet - Guest	<input type="checkbox"/> \$17.55
October 7 Dinner Buffet - Guest	<input type="checkbox"/> \$32.50

Total: \$ _____

If you purchased meals for your guest, please indicate their first and last names: _____

Name _____

Lunches and dinners are buffets to accommodate most dietary needs. However, should you have any medically necessary or vegetarian meal requirements, please let us know: _____

If you purchased meals for guests, please indicate any medically necessary or vegetarian meal requirements:

If you registered as a full paying attendee a single occupancy lodging room is included in your fee. Please indicate any special lodging requirements that you may have: _____

Method of payment:

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

Credit Card: Visa MC AmEx

Card No. _____ Exp. Date _____

Cardholder name _____

Cardholder signature _____ Date _____

Payment of fees: Registrations are limited to the first 160 registrants.

Registrations are processed and confirmed only when payment is received.

Payment of registration fees is required prior to program attendance.

Return with payment (*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

E-mail: eyork@vt.edu
Fax: (540) 231-3306

Refund and Cancellation Policy

Requests for refunds will be honored when received by September 26, 2008. No refunds will be processed after September 26, 2008. However, another person may be substituted at any time for this program. A \$75 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	<i>Received</i>
	AMT: _____
	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.*