

Conference Registration Form

Virginia IT Workforce Summit (Practitioners ONLY)

November 7, 2007

Germanna Center for Advanced Technology • Culpeper, 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 fee: \$0 VCCS IT Faculty Leads and Career Pathways Practitioners Only

Return form by **October 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)

Cancellation Policy
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 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.

**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#: _____
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