Conference Registration Form

Establishing a Successful and Sustainable Waterworks
September 26-29, 2016
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#

Mailing Address

City  State  Zip

Daytime Phone No.  Fax No.

Email  Signature

Registration fee:  □ $135 Full Registration  □ $85 Commuter Registration

Please indicate any dietary (or vegetarian) restrictions: _____________________________________________________

Refund and Cancellation Policy

Requests for refunds will be honored when received 14 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.

* 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.

Method of payment:  Payment of registration fees is required prior to program attendance. Registration will be processed when payment is received.

To pay a fee by a VT department via HokieMart, you must select “VT CPE registration fee” as your vendor and attach this completed form.

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

Checks must be drawn on U.S. bank in U.S. dollars.
(There will be a $50 processing fee for all returned checks.)

☐ Credit Card*:  □ Visa  □ MC  □ AmEx
(Credit Card payment may be mailed, faxed, or given to registrar over the phone. No credit card information will be processed by voice mail or email.)
*Please note: charges will appear on your statement as “VT CONTINUING AND PROF EDUCATION”.

Cardholder name

Cardholder signature  Date

Return with payment by September 16, 2016 (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)

Office Use

Entered

AMT: __________

CC/CHK#: __________

DATE: __________

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