Registration Form

Project Management Professional (PMP) Certification Preparation
September 20 – November 8, 2014  (Register by September 12, 2014) 563262

Virginia Tech Northern Virginia Center • Falls Church, 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: $1,950

How did you hear about our program? _______________________________________ 

How would you like your name to appear on your certificate? ____________________________

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 $200
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.

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 CPE

☐ Loan
 Please note that all loan information must be processed at least two weeks prior
to start of class. Contact Nancy Rakes at 540-231-2922 if you are requesting a
student loan.

☐ Purchase Order
 Purchase order and verification from your employer must be provided prior to the
start of class.

☐ 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.)

Cardholder name ____________________________  Cardholder signature ____________________________  Date __________

Return with payment 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: ____________________________

PMC webpdf