

Conference Registration Form

# Mitchell O. Carr Symposium

March 21, 2016

The Inn at Virginia Tech and Skelton Conference Center • Blacksburg, 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:  \$50 Non-VT Employees/Staff  
 \$0 VT Employees/Staff

Do you have any ADA requirements?  Yes  No

Please list any medically necessary (including vegetarian) dietary needs: \_\_\_\_\_

### 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 \$15 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.)*

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Return with payment by **March 14, 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)

<b>Office Use</b>	Entered	AMT: _____
		CC/CHK#: _____
		DATE: _____

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