

Registration Form

Collaborating for Student Success: Impacting Outcomes for All! (T/TAC)

September 30, 2011 • 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# _____

Address _____

City _____

State _____

Zip _____

Daytime Phone No. _____

Fax No. _____

E-mail _____

Signature _____

Registration fee: \$60

What is your Teaching Area/Grade Level? _____

Please indicate any medically necessary dietary restrictions: _____

Title (Service Providers) (*Only choose one*):

- | | |
|---|---|
| <input type="checkbox"/> Administrator, GE | <input type="checkbox"/> Pre-K-12 Student |
| <input type="checkbox"/> Administrator, SE | <input type="checkbox"/> Speech Pathologist |
| <input type="checkbox"/> College Student | <input type="checkbox"/> Teacher, GE |
| <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> Teacher, SE |
| <input type="checkbox"/> Human Services Agency | <input type="checkbox"/> Transition Coordinator |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> University Faculty |
| <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> Voc. Teacher Admin. |
| <input type="checkbox"/> Parent/Family | <input type="checkbox"/> Other |
| <input type="checkbox"/> Physical Therapist | |

Program Affiliation (*Check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> Adult Ed./Family Literacy | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Early Childhood Spec. Ed | <input type="checkbox"/> Occupational Child Care |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Preschool Initiative |
| <input type="checkbox"/> Even Start | <input type="checkbox"/> School Age Spec. Ed. |
| <input type="checkbox"/> General (or Regular) Ed. | <input type="checkbox"/> Title 1 |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Other |
| <input type="checkbox"/> Homeless | |

Office Use	Received
	AMT: _____
	CC/CHK#: _____
	DATE: _____

Name _____

Disability Descriptions (*Check all that apply – if all apply, please check “All Disabilities”*):

- | | |
|---|------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> LD |
| <input type="checkbox"/> ASD | <input type="checkbox"/> MD |
| <input type="checkbox"/> Blind | <input type="checkbox"/> OHI |
| <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> OI |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> SD |
| <input type="checkbox"/> Dev. Delay | <input type="checkbox"/> SLI |
| <input type="checkbox"/> ED | <input type="checkbox"/> TBI |
| <input type="checkbox"/> HI | <input type="checkbox"/> VI |
| <input type="checkbox"/> ID (formerly MR) | <input type="checkbox"/> All |

If you would like to pay by purchase order, please send a copy of the purchase order and a completed registration form for each participant included to 540-231-3306

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 CE)

Credit Card: Visa MC AmEx

Card No. _____ Exp. Date _____

Cardholder name _____

Cardholder signature _____ Date _____

Purchase Order PO # _____
Purchase order and verification from your employer must be provided prior to the start of the program

Return with payment by **September 23** (*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 and purchase order registrations only)

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 \$10 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.*