

Conference Registration Form

Creating Value Through Effective Public-Private Partnerships (P3) Leadership

June 17, 2016

Virginia Tech Executive Briefing Center - Arlington, 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: \$250 Early Registration (\$275 after May 31)

Group Discount Registration (through May 31): \$225 when registering 4 or more individuals from the same organization; To register, organizations must complete the pdf registration form and submit all group registrations at one time and prior to the May 31 deadline.

Please indicate any medically necessary (or vegetarian) dietary needs: _____

How did you hear about this workshop? _____

What sector do you work in? Private Public

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 \$50 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.*

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 _____

Card No. _____ Exp. Date _____

Return with payment by **June 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)

**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	Entered	
		DATE: _____

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