

Conference Registration Form

Wireless at Virginia Tech

June 1-3, 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# _____

Address _____

City _____ State _____ Zip _____

Daytime Phone No. _____ Fax No. _____

Email _____

- Registration fee:** \$700 Standard Participant Fee (\$800 after May 15, 2016)
 \$500 One Day Registration Fee - Select Day: Wednesday Thursday Friday
 \$300 Full-time Non-VT Student Fee (include copy of student ID) (\$400 after May 15, 2016)

If you are bringing guests to the Thursday evening banquet, please list their first and last names:

Please list any special dietary needs you may have (examples: kosher, vegetarian, specific food allergies...):

How would you like your name to appear on your nametag?: _____

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 \$75 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.)

Cardholder name _____

Cardholder signature _____ Date _____

Card No. _____ Exp. Date _____

Return with payment by **May 20, 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	AMT: _____
		CC/CHK#: _____
		DATE: _____

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