

Conference Registration Form

The Southern and Middle States Regional Meeting of the North American Association of Summer Sessions (NAASS)

April 18-20, 2012 • Virginia Tech Research Center – Arlington • Arlington, 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	Signature	

Your registration includes Wednesday night dinner (April 18th); breakfast and lunch on Thursday (April 19th); and breakfast on Friday (April 20th). Optional boxed lunch on Friday (April 20th) can be purchased with advanced payment. Guests are also welcome at the Wednesday night dinner, as well as breakfast and lunch functions with advance registration and payment.

Participant fee(s): ☐ \$250 NAASS Members Early Registration (\$300 after March 15, 2012)
☐ \$325 Non-NAASS Members Registration
☐ \$25 Optional Boxed Lunch - Friday, April 20, 2012

Guest fee(s): ☐ \$50 Guest Welcome Dinner - Wednesday night, April 18, 2012
☐ \$20 Guest Breakfast - Thursday morning, April 19, 2012
☐ \$30 Guest Lunch - Thursday afternoon, April 19, 2012
☐ \$20 Guest Breakfast- Friday morning, April 19, 2012
☐ \$25 Guest Boxed Lunch - Friday, April 20, 2012

NAASS Participant Questions:

Please indicate any medically necessary (including vegetarian) dietary needs:

Will you be attending the welcome dinner on Wednesday April 18, 2012? ☐ Yes ☐ No

Will you be attending Thursday's lunch on April 19, 2012? ☐ Yes ☐ No

Will you be attending Thursday's breakfast on April 19, 2012? ☐ Yes ☐ No

Will you be attending Friday's breakfast on April 20, 2012? ☐ Yes ☐ No

Guest Questions:

Guest Name: _____

Please indicate any medically necessary (or vegetarian) dietary needs for your guest(s):

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)

Checks must be drawn on U.S. bank in U.S. dollars.

☐ 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 _____

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 \$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.

**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.

Return with payment by **April 11, 2012** (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)

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

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