Conference Registration Form
VBI Summer Institute
July 17-26, 2012
Virginia Bioinformatics Institute - 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 _____

Optional fees: ☐ $160 Single Lodging
                ☐ $135 Tubing on the New River

For roommate assignment purposes, please indicate your gender: ☐ Male   ☐ Female

Flight arrival date and time: _____

Flight departure date and time: _____

I will require shuttle service from the Roanoke Airport to the conference site (roundtrip): ☐ Yes   ☐ No

Do you require a letter of invitation for visa purposes? ☐ Yes   ☐ No

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 $25 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 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.*

☐ 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 **July 10, 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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