

Conference Registration Form

Training Workshop in Pivotal Response Treatment for Autism Spectrum Disorders

November 18, 2008

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. _____

E-mail _____

Signature _____

Registration fee:

\$20 Parent/Students

\$30 Professional/Providers

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 _____

Return with payment by **November 11, 2008** (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

**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.*

Refund and Cancellation Policy
No cancellations or requests for refund will be honored. However, another person may be substituted at any time for this program. 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.

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