

Conference Registration Form

Collaborating Across Borders V Conference (CAB V)

September 29 – October 2, 2015

The Hotel Roanoke and Conference Center • Roanoke, Virginia, USA

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: \$570 Early Full Conference (\$670 after August 14, 2015)
 \$200 Full-time student full conference
 \$225 One-day only, select day attending Wednesday Thursday Friday

- Optional fee(s): \$99 each Pre-Conference Workshop (*Select Session below.*) \$99 x $\frac{1 \text{ or } 2}{\text{Workshops}}$ = \$ _____
 \$20 Welcome to Roanoke Reception (guest tickets) (\$40 at the door)
Guest Name(s): _____ \$ $\frac{\text{Cost of ticket} \times \text{Number of tickets}}$ = \$ _____
 \$10 Special IPE reports lunch on Thursday, October 1
 \$35 Printed book of abstracts (or be environmentally friendly and use the flash drive given to all participants)

Total Amount \$ _____**Pre-Conference Workshop Sessions, Tuesday, September 29, 2015 (\$99 each):****8:30 a.m.** (*Please number in preference order – 1 being your first choice.*)

- _____ Interprofessional Collaboration on the Run: An Online Module Series for Busy People
_____ Strategies for Climate Change: Building a Positive and Sustainable Interprofessional Identity
_____ The National Center for Interprofessional Practice and Education: Generation of Evidence for IPECP

1:30 p.m. (*Please number in preference order – 1 being your first choice.*)

- _____ Interprofessional Team Simulations: Bringing Clinical Relevance to “Roles and Scopes”
_____ Measuring the Impact of Interprofessional Education: Best Practices from Gerontology and Geriatrics
_____ There is Nothing So Practical as a Good Theory in IPE and IPP
_____ Train-the-Trainer Faculty Development Model for IPE and ICP

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

Name: _____

I will attend the following:

- _____ Opening reception on Tuesday, September 29: Yes No
_____ 5K Fun Run on Wednesday, September 30: Yes No
_____ Networking lunch on Wednesday, September 30: Yes No
_____ Welcome to Roanoke Reception on Wednesday, September 30: Yes No

Are you a vegetarian? Yes No

Refund and Cancellation Policy

Refunds will be made (less a \$75 processing fee) if written notice of cancellation is received by September 7, 2015. No refunds will be issued after that date, however, another person may be substituted prior to the conference start date. 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.

Return with payment by **September 22, 2015**
(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.*

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 _____