



**Western Drive-In Conference
Virginia Western Community College
Roanoke, VA
Friday, April 28th**

REGISTRATION FORM

Individual/Institution/Agency: _____

Program: _____

Mailing Address: _____

Phone: _____ **Fax:** _____

Program Website: _____

***No of Conference Attendees:** _____

1. Name: _____ **Title:** _____

Email: _____ **Date of birth:** _____

Years of TRiO Service: _____ **Is this your first drive-in conference?** _____

Please indicate any dietary restrictions or accommodations needed: _____

**Please use the second page for individual attendee information.*

A non-refundable \$60.00 registration fee is required for each attendee.

PAYMENT METHOD

Please check method of payment and provide the following information, where applicable.

- Check #: _____ TOTAL AMOUNT: \$ _____
- Purchase Order #: _____ (Purchase order # must be submitted with registration form)

Please make check or purchase order payable to **VAEOPP (Federal ID: 54-1804299) Mail this registration form with payment or payment authorization by March 30, 2017 in order to secure an accurate luncheon count to Rhonda Kay, Office Manager, TRiO Pathways, VWCC, Student Life Center, S207, Roanoke, VA 24015**

Rhonda Kay
VA Western Community College
3096 Colonial Ave SW
TRiO Pathways
Student Life Center Rm. S207
Roanoke, VA 24015

Individual Attendee Information

1. **Name:** _____ **Title:** _____

Email: _____ **Date of birth:** _____

Years of TRIO Service: _____ **Is this your first drive-in conference?** _____

Please indicate any dietary restrictions or accommodations needed: _____

2. **Name:** _____ **Title:** _____

Email: _____ **Date of birth:** _____

Years of TRIO Service: _____ **Is this your first drive-in conference?** _____

Please indicate any dietary restrictions or accommodations needed: _____

3. **Name:** _____ **Title:** _____

Email: _____ **Date of birth:** _____

Years of TRIO Service: _____ **Is this your first drive-in conference?** _____

Please indicate any dietary restrictions or accommodations needed: _____

4. **Name:** _____ **Title:** _____

Email: _____ **Date of birth:** _____

Years of TRIO Service: _____ **Is this your first drive-in conference?** _____

Please indicate any dietary restrictions or accommodations needed: _____
