



Western Drive-In Conference  
Friday: April 13, 2018

**Registration Information:**

Individual/Institution/Agency: \_\_\_\_\_

Program: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Number of Conference Attendees: \_\_\_\_\_

**\*Please use the following pages for individual attendee information.**

**FEES and PAYMENTS**

A **non-refundable** \$60.00 registration fee is required for **each** VAEOPP member attending.

Please provide the following information, where applicable.

Check #: \_\_\_\_\_ **Total Amount: \$** \_\_\_\_\_

Please make check **payable to VAEOPP** (Federal ID: 54-1804299). Mail this registration form with payment by **April 1<sup>st</sup>, 2018** to:

**Mary Edwards  
Wytheville Community College  
1000 East Main Street  
Wytheville, VA 24382**

## Individual Attendee Information

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_

Years of TRIO Service \_\_\_\_\_ Is this your first drive-in conference?  Yes  No

Please indicate any dietary restrictions or accommodations needed:

---

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_

Years of TRIO Service \_\_\_\_\_ Is this your first drive-in conference?  Yes  No

Please indicate any dietary restrictions or accommodations needed:

---

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_

Years of TRIO Service \_\_\_\_\_ Is this your first drive-in conference?  Yes  No

Please indicate any dietary restrictions or accommodations needed:

---

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_

Years of TRIO Service \_\_\_\_\_ Is this your first drive-in conference?  Yes  No

Please indicate any dietary restrictions or accommodations needed:

---