



UNIVERSITY OF VIRGINIA • TRAVEL & LEARN PROGRAMS
SCHOOL OF CONTINUING AND PROFESSIONAL STUDIES

THE 21ST JEFFERSON SYMPOSIUM

Jefferson's America, America's Jefferson
June 10-14, 2009 • Charlottesville, Virginia

REGISTRATION FORM

Date: _____ **Social Security Number*** _____

*Used for U.Va. record keeping only, not shared.

Mr. ___ **Ms.** ___ _____ **D.O.B.*** _____

First Name for Name Badge _____

Address _____

City _____ **State/Country** _____ **Postal Code** _____

Phone: Day (____) _____ **Evening** (____) _____

E-mail _____ **Past Participant? Year(s)?:** _____

May we email your confirmation materials to you? (please circle one) Yes / No

How did you hear about this program (please be specific) _____

PER PERSON PROGRAM FEE: (Reserve your place with a \$350 deposit. See details below.)

_____ **\$1,640 in a single Lawn room**

_____ **\$1,685 in a single, air-conditioned, Brown College room**

_____ **\$1,630 in a double, air-conditioned, Brown College room (mutual requests only)**

_____ **\$1,485 with no lodging provided**

- If you **register prior to April 17, 2009**, please return the registration form with a **\$350 per person deposit** (or the full fee if you choose). The balance of your program fee is due **April 17, 2009**.
- If you **register after April 17, 2009**, please return the registration form with **full program fee**.
- Registration deadline is May 23, 2009 if there is space remaining in the program. After May 23, 2009, a \$175 late registration fee will be assessed unless you are registering from a wait list.
- **Withdrawal:** If you withdraw in writing within 14 days of registration you will receive a full refund (if not within final payment date). If you withdraw in writing before **April 17, 2009**, you will receive a full refund, minus the \$350 deposit. In the event withdrawal is necessary after **April 17, 2009**, there will be no refund but you may substitute another person to attend the program in your place.
- **We highly recommend you purchase travel cancellation insurance (and confirm what it may cover). Useful travel insurance information can be found at www.TripInsuranceStore.com or 888-407-3854. You may also wish to check with your local travel agency for recommended sources.**
- There will be no refund for unused portions of the program, including but not limited to, missed meals, hotel nights, and sightseeing.

PAYMENT

TOTAL ENCLOSED:: _____ (\$350 deposit or full program fee if you choose)

METHOD OF PAYMENT: _____ **MasterCard, VISA, AmEx, or DISCOVER** _____ **Check** (payable to U.Va.)

****Card Number** _____ **Expiration Date** _____

**If you register with deposit only your credit card will automatically be charged the balance of the program on April 17, 2009, unless otherwise requested.

Signature _____

TO REGISTER: You can register, using VISA, MC, AmEx or DISCOVER, by **FAX**, 1-434-982-5297, or **telephone**, 800-346-3882/1-434-982-5252, or **by mail**, by printing out and sending your completed registration form with your credit card number or check to Jefferson Symposium, U.Va., P.O. Box 400764, Charlottesville, VA 22904-4764, USA.