



**NEW SCHOOL ORIENTATION REGISTRATION FORM
PLEASE TYPE OR PRINT LEGIBLY**

Please complete in full and submit no later than 4 weeks (28 calendar days) prior to the orientation session you plan to attend. **Please submit your registration as soon as possible, seating is limited. A non-refundable fee of \$150 per participant and \$150 per observer (if applicable) must accompany the registration form.** Please make company check, cashier's check, or money order payable to: **Treasurer of Virginia. Personal checks are not accepted.** A confirmation email will be sent ten days prior to the class that will include directions to our office and parking information. **PLEASE TYPE OR PRINT LEGIBLY.**

Participant Full Name:			Title:	
	<i>First</i>	<i>Last</i>		
Phone:	()	E-mail Address:		
Name of Proposed School:				
Mailing Address where Parking Pass will be sent:				

Due of limited space, institutions may register one representative to participate in the session. An additional representative may attend as an observer. Please note that the observers will not be able to actively participate in discussions nor the question and answer segment of the training. However, all observers are required to pay \$150 fee to attend. Please list name and title of the observer attending the orientation session.

Observer Full Name:		Title:	
Are you attending in response to a cease & desist letter?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type(s) of Program(s) Proposed:			

Please provide vehicle identification information to enable SCHEV to obtain a one-day parking pass. SCHEV will provide one parking pass per school. **Parking passes will be mailed to you a week before your scheduled session.** If you plan on renting a vehicle and are not able to provide the requested identification information, unfortunately we will not be able to reserve a parking space for you.

Name of Driver:	Phone :
Make, Model, Color of Vehicle:	State of Issue: License Number of Vehicle:

I (we) plan to attend the orientation session scheduled for:

<input checked="" type="checkbox"/> 1 Participant = \$150	Number of Attendees x	Check No.:
<input type="checkbox"/> 1 Observer = \$ 150	\$150 = \$	

Send Registration Form and Non-Refundable Payment to:

State Council of Higher Education for Virginia
Private and Out-of-State Postsecondary Education
101 N. 14th Street, 9th Floor, James Monroe Building
Richmond, VA 23219

Make payable to: Treasurer of Virginia