



**Special Education Law Symposium 2008: Contemporary Questions and Answers
Sunday, June 22 - Friday, June 27, 2008**

Symposium Registration Form

Name _____

Please specify address: Home or Office

Address _____

City, State, Zip _____

Employer _____

Occupation: ()Attorney ()Other _____ Position _____

Home no.() _____ Work no.:() _____

E-mail _____ *Confirmations are sent by email*

PLEASE NOTE: You must select either "Basic" or "Advanced" for Monday through Thursday's sessions.

_____ Basic _____ Advanced

I am registering for the non-credit option for \$950.

I am registering for one or more days at \$295 per day. Indicate day(s) _____

Special Needs - I am a person with special physical needs or requirements. Please contact me at _____ . (A staff member will call you to discuss arrangements.) *Please register at least three weeks prior to the institute for special needs/requirements.*

Please make checks payable to LEHIGH UNIVERSITY, and mail with this form to **Theresa Freeman, College of Education, 111 Research Drive, Room A-206, Bethlehem, PA 18015-4794**. Please direct questions to Theresa Freeman at specprog@lehigh.edu or 610-758-6563. Due to space limitations, registration will be on a **first-paid, first-served** basis. The registration fee **will not** be refunded after Monday, June 2, 2008. (*PO's will be accepted, but full payment must be made by Monday, June 2, 2008. Please use registration form as invoice, we can not provide individual invoices.*)

Space is very limited this year . . . so please register early!

My check is enclosed, made payable to Lehigh University.

Please charge _____ to my: AMEX Visa MasterCard

Card Number

Expiration Date

Print name as it appears on card

Signature

If you would like to fax this registration, you may fax it to 610-758-3227.