

46th Special Education Law Conference
Friday, May 11, 2018
Registration Form

Name _____

Employer _____

Please specify: ☐ Home or ☐ Office

Address _____

City, State, Zip _____

Occupation: () Attorney If requesting PACLE credit, please list your PA Lawyer ID # _____

() PA Schools Associated, If requesting Act 48, please list your PA Professional ID # _____

() Other _____ Position _____

Work #: _____ Home #: _____ Cell #: _____

Please include a work number and a number where I may contact you if needed when I'm working on this evenings and weekends.

Did you attend one of the previous 45 Special Education Law Conferences: ☐ Yes ☐ No

E-mail _____ **Confirmations and handouts for your session**

are only sent by email. A complete e-binder of the entire conference will be available for those submitting an evaluation at the end of the conference day.

PLEASE NOTE: Sessions are repeated in both the am and the pm. Please select 2 am and 2 pm sessions!!

Morning Sessions: ***(Circle 2)*** A B C D E F G

Afternoon Sessions: ***(Circle 2)*** H I J K L M N

Indicate the state(s) whose policies/procedures pertain to you: ☐ PA ☐ NJ ☐ DE ☐ Other _____

☐ 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 conference for special needs/requirements.*

Enclose \$195 per participant. At the end of the day, the handouts of the entire conference will be provided when you turn in your evaluation form. If paying by check, please make checks payable to LEHIGH UNIVERSITY, and mail with this form to **Theresa Freeman, Jordan Hall, 115 Research Dr., Bethlehem, PA 18015**. Please direct questions to Theresa Freeman at specprog@lehigh.edu or fax to 610-758-6102. Due to space limitations, registration will be on a **first-received, first-served** basis. The registration fee **will not** be refunded after Sunday, April 1, 2018. *NOTE: By filling out this form, I understand that if I register, I am responsible for paying even if I do not attend unless I cancel by Sunday, April 1, 2018. ***(PO's will be accepted. Please use registration form as invoice; we cannot provide individual invoices.)***

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

☐ My check is enclosed, made payable to Lehigh University.

☐ Please charge _____ to my: ☐ AMEX ☐ Visa ☐ MasterCard

Print name as it appears on card

Signature

Card Number

Expiration Date