42nd Special Education Law Conference: What Does the Law Mean in 2014?
Friday, May 9, 2014
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 41 Special Education Law Conferences: □ Yes □ No

E-mail ________________________________________________________________________________

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

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

☐ 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 $185 per participant. At the end of the day, the handouts of the entire conference will be provided when you turn in
your evaluation form and is included in the cost. If paying by check, please make checks payable to LEHIGH
UNIVERSITY, and mail with this form to Theresa Freeman, 436 Brodhead Ave., Bethlehem, PA 18015. Please direct
questions to Theresa Freeman at specprog@lehigh.edu or fax registration to 610-758-6102. Due to space limitations,
registration will be on a first-paid, first-served basis. The registration fee will not be refunded after Friday, April 4, 2014.
(PO’s will be accepted, but full payment must be made by Friday, April 4, 2014. 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