

SPECIAL EDUCATION CONFERENCE REGISTRATION

Tuesday, March 10 and Wednesday, March 11, 2009

Koch Center at Deerfield Academy, 1 Albany Road, Deerfield, MA 01342

Please return this form to the Special Education Director in your district if applicable.

Name _____

School _____ District _____

School Address _____

Work Phone _____ Home Phone _____

Email _____

TUES, MARCH 10 *Please indicate workshop number and title as provided in the brochure.*

AM 1st Choice _____

2nd Choice _____

PM 1st Choice _____

2nd Choice _____

OR Full Day _____

FULL DAY ATTENDEES ONLY: I will be staying for lunch YES or NO

WED. MARCH 11 *Please indicate workshop number and title as provided in the brochure.*

AM 1st Choice _____

2nd Choice _____

PM 1st Choice _____

2nd Choice _____

OR Full Day _____

FULL DAY ATTENDEES ONLY: I will be staying for lunch YES or NO

Lunch tickets will only be issued to full day participants. Individuals NOT registering for the conference through a participating member school district may send a check payable to the Mary Lyon Foundation or purchase order for **\$125 per person per day** or **\$219 for both days**. Refunds will be given if requested TWO weeks prior to the conference. NO refunds will be given after that date; however, substitutions may be made at any time. **Please assume you will receive your first choice unless you are contacted by the Conference Committee.**

The Mary Lyon Foundation Conference Committee

P.O. Box 184, Shelburne Falls, MA 01370

Telephone 413-625-2555 FAX 413-625-0065

REGISTRATION DEADLINE IS MARCH 2