

# SPECIAL EDUCATION CONFERENCE REGISTRATION

Tuesday, March 15 and Wednesday, March 16, 2011

**PLEASE PRINT and return to the Special Education Director in your school district.**

Name \_\_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_

School Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

**TUES. MARCH 15** *Please indicate workshop number and title as provided in the brochure.*

AM 1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

PM 1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

OR ALL DAY 1st \_\_\_\_\_

ALL DAY 2nd \_\_\_\_\_

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

**WED. MARCH 16** *Please indicate workshop number and title as provided in the brochure.*

AM 1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

PM 1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

OR ALL DAY 1st \_\_\_\_\_

ALL DAY 2nd \_\_\_\_\_

**WED. 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 this registration form and check payable to the Mary Lyon Foundation or purchase order for **\$125 per person per day** or **\$225 for both days**. Refunds will be given if requested 2 weeks prior to the conference. NO refunds will be given after that date; however, substitutions may be made. **Please assume you will receive your first choice unless you are contacted. THE CONFERENCE WILL NOT BE CANCELLED DUE TO WEATHER.**

**The Mary Lyon Foundation Conference Committee**

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

**Tel 413-625-2555 FAX 413-625-0065**

**REGISTRATION DEADLINE IS MARCH 4**