

AR-AER CONFERENCE 2009 Registration Form

Adjusting our Focus

Wyndham Hotel, North Little Rock

May 11 – 12, 2009

Name: _____

School or Agency: _____

Email Address: _____ When did you join: AER _____ AAWB _____

_____ Please check here if you will need ACVREP CE credit for the conference.

Registration Fee:

Pre-registration (Before April 15, 2009):

Member: \$70.00 _____ Non-member: \$90.00 _____ Student/Retiree: \$25.00 _____

After April 15, 2009:

Member: \$80.00 _____ Non-member: \$100.00 _____ Student/Retiree: \$35.00 _____

Conference Materials:

I would like to receive conference materials in the following format: (choose one)

Standard Print _____ Braille _____ Large Print _____ CD _____

_____ Please check here if you would like an orientation to the hotel when you check in for the conference.

_____ Please check here if you would like an orientation to the meeting area.

_____ Please check here if you need a sign language interpreter.

_____ Please check here if you need assistance at the buffet line.

_____ Please check here if you do not give your consent to have any photographs of you taken at the conference to be included in future AER publications or web site postings.

Special Needs: If you are entitled to any special needs as defined by the ADA, i.e. interpreter, and you opt to forego AR-AER providing this accommodation, attach a signed and dated written waiver clearly stating your decision. If you decide you do need special accommodations, please contact Lis Geoghegan at 501-454-1554 or lgeoghegan@asb.k12.ar.us. **IF SPECIAL NEEDS ARE TO BE MET THEY MUST BE CONVEYED BEFORE APRIL 1, 2009.**

Please mail your completed registration form and payment (checks made payable to AR-AER) to:

**Luanne Blaylock
3 Hornrimme Court
Maumelle, AR 72113**

For additional information, please contact:

Luanne Blaylock 501-831-6300

leblaylock@yahoo.com

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