



Special Education Advocacy: 101

REGISTRATION FORM

One registrant per form – Photocopies may be used

Workshop Date: Check One

Jan 19, Mansfield, 6 - 8 pm

Feb 11, 2010 Natick, 7 - 9 pm

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Email: _____

Check here if you are employed, directly or indirectly by a public or private school. On the line below write your job title and/or job duties.

My child has: An IEP A 504 Plan Neither Don't know Not applicable

My child's age is: _____

Have you previously attended a special education basic rights training? Yes No Don't know

Registration Fee

Please Check One:

Individual \$35.00

Parenting Couple \$60.00

Payment

Complete Registration Form, enclose check made payable to:

SPEDWatch

and mail to:

SPEDWatch
P.O. Box 1440
Pepperell, MA 01463

Cancellations/Refund Policy

All requests for refunds must be received no later than five (5) calendar days prior to the workshop date.

Instructor reserves the right to cancel a workshop due to low enrollment or inclement weather, in which case full refunds will be made.

Questions ?

(978) 433-5983

info@spedwatch.org