

**Wrightslaw Special Education Law & Advocacy Training
REGISTRATION FORM**

PERSONAL INFORMATION

First Name _____ Last Name _____

Email Address _____

Address _____ City _____ State _____

ZIP Code _____ Phone _____

PLEASE DESCRIBE YOURSELF: (select all that apply)

- African American Native American
 Asian Caucasian
 Hispanic or Latino Other Ethnicity
 Lives in a rural area Receives free and reduced lunch

YOU ARE ATTENDING THIS TRAINING AS A: (select all that apply)

- Parent, Foster/Adoptive Parent or
 Primary Caregiver of a child with a disability Individual with a disability
 Professional Student

CONTINUING EDUCATION CREDIT INFORMATION

- Attorneys - Six (6) CLEs Foster and Adoptive Parents - Six (6) CEUs
 Social Workers - Six (6) CEUs Graduate Credit - One (1) credit

Please Note: Graduate credit is being offered through Upper Iowa University (UIU). The cost is an additional \$125 due with submission of the credit packet materials and assignment to UIU after the training.

PROFESSIONAL INFORMATION

If you are attending this training as a professional, please answer the following questions:

Company _____ Job Title _____

City _____

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REGISTRATION FEE INFORMATION

FEE TYPE	EARLY BIRD FEE	DAY OF EVENT FEE
___ Parent, Foster/Adoptive Parent or ___ Primary Caregiver of a child with a disability	\$175	\$250
___ Individual with a disability	\$150	
___ Professional	\$200	
___ Student	\$150	

PAYMENT METHOD

___ Check

___ Credit Card

___ Cash

___ Purchase Order

Office Use Only**Date Received** _____**Payment Status** PAID PENDING**Credit Information Given** YES N/A