



## SPECIAL EDUCATION LAW

*Pete Wright,  
Esquire*

December 5, 2013

Constitution Hall, University of Central Oklahoma  
Edmond, Oklahoma

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

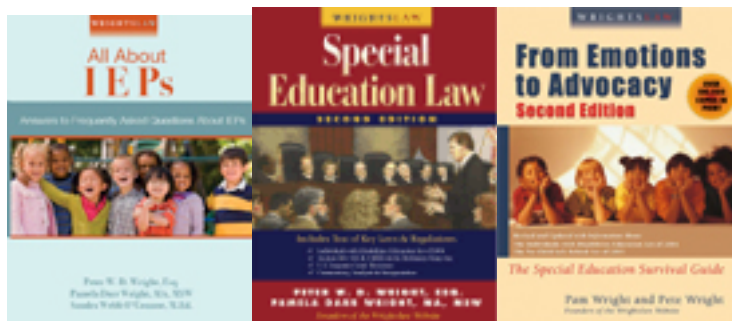
EMAIL: \_\_\_\_\_  
(please print clearly)

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

Child (ren)'s Disability: \_\_\_\_\_

Please register me for the above conference. I understand that I will receive the following books when I attend the conference (\$65 value for books alone).



Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

**Return registration form by:** FAX: 405-525-7759 -or-  
MAIL TO: Oklahoma Disability Law Center, Inc.  
2915 Classen Blvd., Suite 300  
Oklahoma City, OK 73106

**EXPLAIN ACCOMMODATIONS NEEDED:**