

REGISTRATION FORM

*Parents/Family/Representatives of Children with Disabilities*

WRIGHTSLAW - Education Law Conference

<http://www.wrightslaw.com>

December 4, 2004

University of Central Oklahoma, Nigh University Center, Edmond, Oklahoma

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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

CHILD'S DISABILITY: \_\_\_\_\_

Please register me for the above conference. I understand that because I am a parent (or other significant family member or representative) of a child with a disability, there is no registration fee for the conference, and I will receive two books written by Pete Wright (if I did not receive a set at his earlier conference). As a condition to receiving a free registration, I must attend the conference. If I have an unavoidable emergency at the last moment and cannot attend, I will call one of the following numbers (405-409-5761 or 405-409-5759 or 405-409-5756). **If I register and do not attend or if I do not call prior to the conference to report an emergency, I will be charged \$150.00 for my registration.**

\_\_\_\_\_  
Signature

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

Return registration form to:

FAX: 405-525-7759

MAIL: Oklahoma Disability Law Center, Inc.  
2915 Classen Blvd., Suite 300  
Oklahoma City, OK 73106

EXPLAIN ACCOMMODATIONS NEEDED: