



**SPECIAL EDUCATION LAW  
AND ADVOCACY TRAINING**  
*by Pete & Pam Wright*

December 5, 2006  
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 because I am a parent of (or other significant family member, representative or work with) a child with a disability, there is no registration fee for the conference, and I will receive book(s) 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 (even at the last moment) and cannot attend, I will call one of the following numbers (405-409-5761 or 405-409-5759 or 405-409-4301 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: \_\_\_\_\_

Sample agenda online at: <http://www.wrightslaw.com/speak/agenda/agenda.6hr.pdf>

**Return registration form to:**

FAX: 405-525-7759  
-or-  
MAIL: Oklahoma Disability Law Center, Inc.  
2915 Classen Blvd., Suite 300  
Oklahoma City, OK 73106

**EXPLAIN ACCOMMODATIONS NEEDED:**