



## REGISTRATION FORM

Wrightslaw Special Education and Advocacy Training  
Sponsored by Education-A-Must, Inc.  
April 13-14, 2007

Mail your completed registration form with payment to:  
(Make checks payable to Education-A-Must, Inc.)

**Education-A-Must, Inc.**  
**P.O. Box 216**  
**East Derry, NH 03041**

Registrant: \_\_\_\_\_

Additional Registrant(s): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ **\$249.00 Individual Rate**

\_\_\_\_\_ **\$269.00 Professional Rate for CLE or CEU credit**

\_\_\_\_\_ **Total Amount Enclosed**

For additional information visit [www.education-a-must.com](http://www.education-a-must.com) or call 603-437-6286