

December 7, 2011
Constitution Hall, University of Central Oklahoma
Edmond, Oklahoma

Name: _____

Address: _____

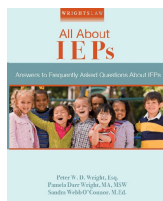
EMAIL: _____
(please print clearly)

Telephone: _____

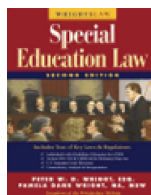
FAX: _____

Child (ren)'s Disability: _____

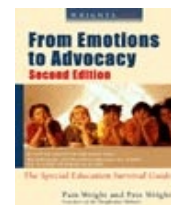
Please register me for the above conference. I understand that I will receive the following books when I attend the conference (\$65 value for books alone).



All About IEP's



Special Education Law



From Emotions to Advocacy

Signature: _____

Dated: _____

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: