

Wrightslaw - Special Education Law & Advocacy Conference for Parents & Professionals

REGISTRATION FORM

Name				
Title and Affiliation				
Add'l Attendee				
Title and Affiliation				
Address				
City	State_		Zip Code	
Phone(work)	F	ax		
E-Mail				
Indicate if you need of	onsite childcare during th	e Conference: _\	Yes, I will need childcare	_No, I will no
Registration Fee	• • \$ 75 Individuals • • \$125 Couples (1 se	et of books per co	uple)	
Total Payment Enclos	sed			
Method of Payment	• • Check enclosed • (payable to: WSA, Ind	•	, Visa, AMEX)	
Credit Card #		Exp. Date_	CV2	
Signature			_	

Registration Deadline: June 15, 2016

Return by email attachment to: tmonkaba@williams-syndrome.org

Return by fax to: 248-244-2230

Return by mail to: WSA, Inc.

Wrightslawl Conf. Registration

570 Kirts Blvd. #223 Troy, MI 48084