

Wrightslaw: Special Education & Advocacy Conference Registration

Registration Deadline: October 15th, 2008

Name: _____

Address: _____

Phone: (_____) _____

E-Mail: _____

Age: _____

Ethnicity: _____

_____ Parent

_____ Foster Parent

_____ Attorney/Guardian Ad Litem *

_____ Service Provider *

_____ School Personnel *

* Please specify Agency / Organization / School: _____

Child's Name: _____

Child's Age: _____

Child's Disability: _____

*** All information needed to fulfill grant requirement.**