REGISTRANT INFORMATION

All fields required. Attendees are strongly encouraged to complete the registration application online at www.nasdseconference.org.

First Name: ____________________________  Last Name: ____________________________

Organization: ____________________________

Job Title: ____________________________

City: ____________________________ State: ____________________________ Zip/Country: ____________________________

Email: ____________________________

☐ I understand that attendees are expected to abide by all posted health and safety measures at the time of the Conference and failure to do so will result in removal without refund.

CONFERENCE REGISTRATION

Attendees are encouraged to register online at www.nasdseconference.org

Circle Your Rate

<table>
<thead>
<tr>
<th>Type</th>
<th>Registration Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member</td>
<td>$700</td>
</tr>
<tr>
<td>Non-Member</td>
<td>$800</td>
</tr>
</tbody>
</table>

*Member rates are available to state department of education employees

Registration includes access to all keynotes, breakout sessions, conference breakfasts/lunches, receptions, and State Night. The Awards and Induction Ceremony is also included and will occur during State Night. Additional State Night Tickets for guests can be purchased for $100 each.

ABOUT YOU

Emergency Contact/Phone

Name: ____________________________

Phone: ____________________________

Which best describes your role

☐ State Director (or equivalent role)
☐ 619 Coordinator
☐ Data Manager
☐ Other SEA Staff
☐ OSEP/OSERS Staff
☐ TA Center Staff
☐ Sponsor/Service Provider
☐ Other

If you require any disability accommodations, please briefly describe below and the NASDSE team will follow up with you:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

PAYMENT

Make checks payable to and mail to: CEC, PO Box 79026, Baltimore, MD 21279-0026

Email or Fax Purchase Orders to: (703) 264-9494  |  nasdse@exceptionalchildren.org

Pay and Register online at: www.nasdseconference.org

Number: ________________________________________________________

Expiration Date: ______________  Security Code: ______________

Name on Card: ____________________________

Signature: ____________________________

Questions? Contact the NASDSE Conference at nasdse@exceptionalchildren.org