

REGISTRATION FORM FOR SESD PRE-CONFERENCE
March 17, 2010 * Philadelphia Marriot

Name: _____

Address: _____

Email: _____

Day Phone #: _____

Area of Focus: _____ Elem _____ Middle School

 _____ High School _____ University

 _____ Science _____ Math

 _____ Other

Are you currently a member of SESD? _____ Yes _____ No

How did you hear about the SESD conference? _____

Will you require specific accommodations? _____ Yes _____ No

(e.g. Wheelchair access, sign-language interpreter, listening devices)

If yes, please state specific need (s) _____

Please return by January 15, 2010 or for more information, contact:
pdavidson@usi.edu