ANNUAL MEETING REGISTRATION FORM

**Philadelphia, PA**

**November 14-16, 2016**

REGISTRATION: Please complete the following registration information and send to:

North Dakota Department of Public Instruction

Special Education Unit

Attention: Mary McCarvel-O’Connor– SEACDC Treasurer

600 East Boulevard

Bismarck, North Dakota 58505-0040

Phone**:** 701-328-4560

E-mail: [moconnor@nd.gov](mailto:moconnor@nd.gov)

A registration fee of $125.00 is required to attend all or part of the conference. The registration fee will be accepted before Oct 6, 2016 or on site at the meeting. Please make checks payable to State Education Agencies Communication Disabilities Council (EIN Number **20-0376291**). ***Purchase orders cannot be accepted.*** *R*egistration fees cannot be returned after October 20, 2016.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | State: |  | |
| Full Mailing Address: |  | | | |
| Phone Number: |  | Email Address: | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please indicate the dates that you**  **plan to attend:** | |  | **How will you pay your registration fee?** | |
|  | Monday, November 14 ,2016  6:00 – 9:00 pm Opening Session |  |  | Pay by check on site |
|  | Tuesday, November 15, 2016  9:00 a.m. – 5:00 p.m. |  |  | Pre-pay via check by 10/6/2016 |
|  | Wednesday, November 16, 2016  8:30 a.m. – 5:00 p.m. |  |  |  |