

TOUCH THE FUTURE / TRANSITION AND SERID 2008 CONFERENCE REGISTRATION FORM

October 22-25, 2008
Atlanta, Georgia

This conference takes place at the [Hilton Atlanta](#).



Note: Please use one form per conference registrant.

* Indicates a required field.

* Choose your affiliation: SERID Touch the Future/Transition

* First Name: * Last Name:

Badge Name: * Email:

Title: * Organization:

* Address:

* City: * State:

* Zip Code:

* Telephone: Fax:

Emergency Contact Name: Emergency Contact Phone:

Employees of the State of Georgia must contact their agency about prior approval procedures.

REGISTRATION FEE

Please select the appropriate registration fee.

Preconference: Gallaudet - \$40
(\$50 on-site)

Preconference: PepNet - \$40
(\$50 on-site)

Preconference: Innovative Transition Practices
(GDOE) - no charge

Parts 1 & 2
Wednesday, October 22, 9 am-noon & 1:30-4:00 pm

Deaf Professionals and Designated Interpreters:
Attitude, Behavior and Working Relationship
Wednesday, October 22, 9 am-noon & 1:30-4:00 pm

PEPNet's iTransition: a Free Online Transition
Curriculum
Wednesday, October 22, 9 am-noon & 1:30-4:00 pm

Innovative Transition Practices with Mary Morningstar

Parts 3 & 4
Thursday, October 23, 9 am-noon

Preconference: Freedom Scientific: AT Train Thursday, October 23, 9 am-noon & 1:30-4:00 pm the Trainer - no additional charge

Conference registration fee (after Sept. 19) - **Conference registration fee includes:** \$275

Student registration fee (Please fax ID to 770-499-3283) - \$100

One day fee (per day) - \$100

- Admission to all workshops
- Exhibitor Showcase & Reception
- Conference materials
- Planned meals

Workshop on Wheels (WOW): Please check if you plan to visit (space is limited)

Atlanta Area School for the Deaf (Thursday, October 23 1:45-4pm)

Credits:

PLU CRC CEU CEU/RID

Please indicate which days you will attend:

Wednesday, Oct. 22

Thursday, Oct. 23

Friday, Oct. 24

Saturday, Oct. 25

I will attend the Friday evening banquet yes no

Guest ticket for Friday banquet - \$55 each
(please indicate number)

Guest name: _____

REQUEST FOR ACCOMMODATION

The conference team is committed to providing an accessible conference and accommodating all persons with disabilities who wish to attend. Requests for accommodations must be received by **October 10, 2008**.

Alternative format:

Braille Large Print CD

Accommodation:

Vegetarian meals

FM Assistive Listening Device (ALD)

Special Support Person (SSP) Communication Type: _____

Assistance at the conference (specify):

I will be accompanied by an attendant Attendant name: _____

Other (specify): _____

Interpreter:

ASL PSE Tactile Close Vision Oral

CANCELLATION POLICY

If you must cancel, call 770-423-6765 or 1-800-869-1151. The deadline for refunds is **October 1,**

2008. If you cannot attend, and can send someone in your place, please fax your substitution to 770-499-3283.

METHOD OF PAYMENT

Visa Mastercard Discover American Express

*Card Number:

*Expiration Date(MM/YY):

*Cardholder Name: _____

* Authorization: By checking this box and submitting this form, I authorize Continuing Education at Kennesaw State University to charge my card for the 2008 SERID and Touch the Future Transition Conference. (You will receive a receipt stating the full amount.)



© 2008 [Kennesaw State University](#) • [Continuing Education](#)
1000 Chastain Rd. #3301 • Kennesaw, GA 30144
770-423-6765 or 1-800-869-1151 • Email: cwebmaster@kennesaw.edu