

Exhibitor Staff Registration

Due by February 17, 2006

Four Ways To Register:

Email: conference@csun.edu
Phone: (818) 677-2578
Fax: (818) 677-4929

Mail: Attn: TECH/DIS CONF - Exhibitor
CSUN, Center on Disabilities
18111 Nordhoff Street
Northridge, CA 91330-8340

SECTION A (Please list address of where you would like correspondence sent)

First Name: _____ Last Name: _____

Organization: _____

Street Address: _____

City: _____ State/Province/Region: _____

Zip/Postal Code: _____ Country: _____

Day Phone: _____ Fax: _____

Email: _____

The Center on Disabilities provides contact data (names and mailing addresses) to third parties who wish to promote relevant products, services and other opportunities which may be of interest to you.

_____ Check here to remove your information from this list.

SECTION B

I AM:(check all that apply)

- _____ Staffing the exhibit booth ONLY. Booth #: _____ (no fee for staff manning booth only)
- _____ An Exhibitor and Speaker (**If speaker registration fee has been paid, there is no additional fee**)
- _____ Exhibitor staff members attending the General Sessions only (does not include Pre-Conference Workshops) at no additional cost as per booth waiver (**maximum of 4 people per booth area; 16 people per island**).
- _____ Additional Exhibitor staff members are required to pay the regular conference fees to attend workshop sessions.
PLEASE COMPLETE SECTION C.
- _____ Exhibitor staff members attending Pre-Conference Workshops.
PLEASE COMPLETE SECTION C.

SECTION C

| CONFERENCE REGISTRATION FEES (Please check all that apply) | Early Bird Paid by Feb. 20, 2006 | Regular Paid after Feb. 20, 2006 | Total Fee |
|---|--|--|-----------|
| Pre-Conference Workshops on Monday, March 20, 2006 Full-Day <input type="checkbox"/> M-1 or <input type="checkbox"/> M-2 or <input type="checkbox"/> M-4 or <input type="checkbox"/> M-7 Morning <input type="checkbox"/> M-3 or <input type="checkbox"/> M-6 Afternoon <input type="checkbox"/> M-5 | \$249 Full \$150 Half \$150 Half | \$279 Full \$180 Half \$180 Half | \$ |
| Pre-Conference Workshops on Tuesday, March 21, 2006 Full-Day <input type="checkbox"/> T-2 or <input type="checkbox"/> T-3 or <input type="checkbox"/> T-4 or <input type="checkbox"/> T-7 Morning <input type="checkbox"/> T-1 or <input type="checkbox"/> T-5 Afternoon <input type="checkbox"/> T-6 | \$249 Full \$150 Half \$150 Half | \$279 Full \$180 Half \$180 Half | \$ |
| General Session Package (does not include Pre-Conference) Includes all the activities on March 22-25, 2006: Keynote Address, more than 250 General Sessions, and entrance into the Exhibit Halls any time during exhibit hours. <input type="checkbox"/> | \$399 | \$449 | \$ |
| Per Day Attendance <input type="checkbox"/> Wednesday, March 22, 2006 (Keynote Address, General Sessions, Opening of Exhibit Halls) <input type="checkbox"/> Thursday, March 23, 2006 (General Sessions and Exhibit Halls) <input type="checkbox"/> Friday, March 24, 2006 (General Sessions and Exhibit Halls) <input type="checkbox"/> Saturday, March 25, 2006 (General Sessions and Exhibit Halls) | \$259 \$249 \$249 \$179 | \$299 \$289 \$289 \$239 | \$ |
| Total Registration | | | \$ |

Accessibility Services:

- Assistive Listening Device
 Real Time Captioning (CART)
 Sign Language Interpreter
 Adapted Program: Braille Large Print Disk (ASCII) Daisy CD

There is no fee for authorized care providers accompanying paid attendees.

Care provider attending with me (first name, last name) _____

Method of Payment:

Full payment must be received at CSUN no later than February 14, 2005. Please make check payable to: **CSUN**.

Check enclosed for \$ _____

Charge to my: MasterCard Visa American Express

Card # _____ Expiration Date: _____

Card Holder Name (print): _____ Signature: _____