

California State University, Northridge, Center on Disabilities' 21st Annual International
Technology and Persons with Disabilities Conference

REGISTRATION FORM

Please complete one form per registrant. You may photocopy this form for additional registrants.
List your name and address as you would like them to appear on your name badge and on any correspondence.

Ways To Register:

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

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

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.

CONFERENCE REGISTRATION FEES (Please check all that apply)	Early Paid by Feb. 20, 2006	Regular Paid after Feb. 20, 2006	Total Fee
___ Pre-Conference Workshops on Monday, March 20, 2006 Check Preference: ___M-1 ___M-2 ___M-3 ___M-4 ___M-5 ___M-6 ___M-7	\$249 Full-Day \$150 Half-Day	\$279 Full-Day \$180 Half-Day	\$ _____
___ Pre-Conference Workshops on Tuesday, March 21, 2006 Check Preference: ___T-1 ___T-2 ___T-3 ___T-4 ___T-5 ___T-6 ___T-7	\$249 Full \$150 Half	\$279 Full \$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.	\$399	\$449	\$ _____
Per Day Attendance ___ Wednesday, March 22, 2006 (Keynote Address, General Sessions, Opening of Exhibit Halls) ___ Thursday, March 23, 2006 (General Sessions and Exhibit Halls) ___ Friday, March 24, 2006 (General Sessions and Exhibit Halls) ___ Saturday, March 25, 2006 (General Sessions and Exhibit Halls)	\$259 \$249 \$249 \$179	\$299 \$289 \$289 \$239	\$ _____
Total Registration			\$ _____

___ I would consider purchasing a box lunch on one or more of the conference days on March 22-24, 2006.

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 California State University, Northridge, Center on Disabilities no later than February 20, 2006 to qualify for the Early Bird discount rate. Please make check payable to **CSUN**. All cancellations are subject to a \$50 processing fee.

___ Check enclosed for \$ _____

___ Charge to my: MasterCard Visa American Express

Card #: _____ Expiration Date: _____

Card Holder Name (print): _____ Signature: _____