

SPEAKER'S REGISTRATION FORM

Every speaker and panelist, including exhibitors who are making presentations, must register for the conference. Every speaker pays the Speaker's Reduced Conference Registration Fee as stated in the Call For Papers, Conditions of Presentation, item 7.

Ways To Register:	Email: conference@csun.edu	Mail: CONF - Speaker	
	Phone: (818) 677-2578	CSUN, Center on Disabilities	
	Fax: (818) 677-4929	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

FEE SCHEDULE	Discounted Fee	Regular Fee	Total Fee
<input checked="" type="checkbox"/> Speaker's Reduced Conference Registration Fee Includes all the activities of March 22-25, 2006: Keynote Address, General Sessions, and entrance into Exhibit Halls during exhibit hours.	\$349 Paid by Jan. 10, 2006	\$379 Paid after Jan. 10, 2006	\$ _____
Additional Fees (check all that apply)			
<input type="checkbox"/> Pre-Conference Workshops of Monday, March 20, 2006 Check Preference(s): <input type="checkbox"/> M-1 <input type="checkbox"/> M-2 <input type="checkbox"/> M-3 <input type="checkbox"/> M-4 <input type="checkbox"/> M-5 <input type="checkbox"/> M-6 <input type="checkbox"/> M-7	\$249 Full-Day \$150 Half-Day Paid by Feb. 20, 2006	\$279 Full-Day \$180 Half-Day Paid after Feb. 20, 2006	\$ _____
<input type="checkbox"/> Pre-Conference Workshops of Tuesday, March 21, 2006 Check Preference(s): <input type="checkbox"/> T-1 <input type="checkbox"/> T-2 <input type="checkbox"/> T-3 <input type="checkbox"/> T-4 <input type="checkbox"/> T-5 <input type="checkbox"/> T-6 <input type="checkbox"/> T-7	\$249 Full-Day \$150 Half-Day Paid by Feb. 20, 2006	\$279 Full-Day \$180 Half-Day Paid after Feb. 20, 2006	\$ _____
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 January 10, 2006 to qualify for the discounted speaker rate. Please make check payable to **CSUN**.

Check enclosed Charge to my: MasterCard Visa American Express
 Card # _____ Expiration Date: _____
 Card Holder Name (print): _____ Signature: _____