

2010 Idaho CEC State Conference Registration Form

Wednesday, October 6 – Saturday, October 9, 2010

ON-SITE REGISTRATION: WEDNESDAY, OCTOBER 6TH, 5:00 – 9:00 PM AND THURSDAY, 7:30 – 8:30 AM

	Conference w/ Thursday night banquet and Friday luncheon		Conference Without meals		One Day Registration Thursday or Friday		Division Luncheons CCBD, DADD, DEC, ITAG, DCDT, or CASE on Thursday	Workshops Wed. CCBBD, DCDT, or DLD <u>Sat.</u> -ITAG, DEC, or CEC	
	Preregister	After 9/21	Preregister	After 9/21	Without meals	TH banquet F luncheon		Preregister	After 9/21
CEC Member	170	205	135	165	110	140 / 130	Division members = free	40	45
Nonmember	205	240	170	200	135	175/155	Non Division members = 20	55	60
Student or Presenter	75	85	45	55			Non Division members = 20		

*Consider joining CEC and the Division(s) of your choice now to receive the reduced conference rates.
Phone 888/232-7733 or connect to <http://www.cec.sped.org>*

Rates increase after September 21, 2010.

PRE REGISTRATION POSTMARK DEADLINE: SEPTEMBER 21, 2010

Cancellation requests must be postmarked by September 24, 2010. **No refunds after this date.**

CEC ID number (if member) _____

First name _____ Last name _____

Position and School District or Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

Area Code/Daytime Phone # _____ FAX number _____

Email Address _____

For accessibility or dietary accommodations contact
Cyndi Cook ccook@nsd131.org.

Check if you belong to:
CASE CCBD DEC ITAG DCDT DLD
DADD ISPA Student

Please check all that apply:
General education teacher Administrator
Special education teacher Presenter
Related Service Provider University
School Psychologist Parent
Paraeducator
Other _____

Please indicate your choices and enter the amount from the chart above.

Conference 1. \$ _____
 with meals
 without meals

One Day Registration 2. \$ _____
 Thursday
 Friday
 with Meals

Division Luncheon (Thursday) 3. \$ _____
 CCBBD
 DEC
 ITAG
 DCDT
 CASE
 DADD
 (Additional \$20 for non CEC division members)

Guest Tickets
 Thursday Banquet \$40
 Friday Luncheon \$20 4. \$ _____

Conference Workshop 5. \$ _____
 CCBBD Preconference
 DCDT Preconference
 DLD Preconference
 ITAG Postconference
 DEC Postconference
 CEC Postconference

Total 1- 5 6. \$ _____

Type of Payment Payable to Idaho CEC
 Check # _____
 Purchase Order # _____

Purchase order or payment must accompany the registration form. We do not accept credit or debit cards. Thank you.

Send the registration form and payment to:
 Idaho Council for Exceptional Children
 ATTN: Kristina Boatwright
 PO Box 396
 Kuna, ID 83634

octoberstea@gmail.com

Confirmation emails/letters and Invoices will be sent to address/email on registration form when registration is received.

Conference lodging rates are available. Contact Sun Valley Reservations at 800-786-8259