



Center for
Students, Families and Communities



Department of
Education

**Ohio Statewide
Special Education Leadership Conference
September 24-25, 2008**

Aladdin Shrine Center, Columbus, Ohio <http://www.aladdinshrine.org/>

Registration Deadline: September 12, 2008

III. Lunch Menu Selection (Choose only one for each day)

Wednesday, September 24, 2008 _____ Chicken Parmesan _____ Vegetable Lasagna

Thursday, September 25, 2008 _____ Chef Salad _____ Vegetarian Salad

I plan to only attend _____ 9/24 _____ 9/25 (*Single day registration is not available.*)

I do not wish to order any meals (*Registration fee is still required.*)

*Coffee and hot tea will be provided Wednesday during registration.
Continental breakfast will be provided Thursday.*

IV. Breakout Sessions *Session seating is limited*

(Please enter the session number for your 1st, 2nd, and 3rd choices for each time frame.)

Wednesday, September 24, 2008

11:20 am _____ 1st _____ 2nd _____ 3rd

1:30 pm _____ 1st _____ 2nd _____ 3rd

Thursday, September 25, 2008

11:20 am _____ 1st _____ 2nd _____ 3rd

1:20 pm _____ 1st _____ 2nd _____ 3rd

***An early submission of this registration form with
payment will help to secure your preferred choices.***

V. Confirmation/Cancellations/Changes

Confirmation of registration

Confirmation will be sent by email when registration is processed. Paid registrants will be sent a receipt detailing menu selection, session assignments and special accommodation requests.

Cancellations/Changes

Should it be necessary to cancel a registration, a request for refund must be made in writing to the address listed in Section II or faxed to Ronda Hinson at (614) 752-1429 by **September 12th**. Refunds for cancellations received by deadline will not be processed prior to December 2008.

Substitutions in names must be made in writing by **September 12th**.

Email registration questions to Ronda.Hinson@ode.state.oh.us

I. Participant Information (Please type or print clearly)

Last Name _____ First Name _____ M.I. _____

Title _____ School District IRN _____

School District/Organization _____

Mailing Address _____

City, State, Zip _____

Email Address _____

Telephone _____ FAX _____

I have a disability and need the following special accommodations:

II. Payment Information

Conference registration fee is **\$45**. **No purchase orders will be accepted.**

Payment is being made by:

School/Organization Check # _____ Personal Check # _____

All checks payable to: Treasurer, State of Ohio

Mail this completed form with payment by **September 12th** to:

Special Education Leadership Conference
Office for Exceptional Children
25 S Front Street, Mail Stop 203
Columbus, Ohio 43215-4183

Checks received without a copy of this completed form will be returned.