



Basic Rights: Denied

REGISTRATION FORM

One registrant per form – Photocopies may be used

Workshop Date: Check One

- | | |
|----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Jan 16, 2010 Lawrence 10-12 | <input type="checkbox"/> Feb 13, 2010 Natick 10-12 |
| <input type="checkbox"/> March 6, 2010 Holyoke 10-12 | <input type="checkbox"/> March 16, Mansfield 6-8 pm |
| <input type="checkbox"/> March 27, 2010 Fall River 10-12 | <input type="checkbox"/> April 10, 2010 Barnstable 10-12 |
| <input type="checkbox"/> April 17, 2010 Worcester 10-12 | <input type="checkbox"/> May 1, 2010 Pittsfield 10-12 |
| <input type="checkbox"/> May 15, Quincy 10-12 | |

Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____
 Email: _____

Check here if you are employed, directly or indirectly by a public or private school. On the line below write your job title and/or job duties.

My child has: An IEP A 504 Plan Neither Don't know Not applicable

My child's age is: _____

Have you previously attended a special education basic rights training? Yes No Don't know

Registration Fee

Please Check One:

- Individual \$35.00
 Parenting Couple \$60.00

Payment

Complete Registration Form, enclose check made payable to:

SPEDWatch

and mail to:

SPEDWatch
P.O. Box 1440
Pepperell, MA 01463

Cancellations/Refund Policy

All requests for refunds must be received no later than five (5) calendar days prior to the workshop date.

Instructor reserves the right to cancel a workshop due to low enrollment or inclement weather, in which case full refunds will be made.

Questions ?

(978) 433-5983

info@spedwatch.org