



REGISTRATION FORM
2019 Conference on Inclusive Education
One form per person. Please print clearly.

Note: Registration for Youth Leadership Summit is Online ONLY

Internal Use Only - Account Code

Name: First: Last:

*Email Address:

*Registration Confirmation will be sent to the email listed above. Please print clearly.

Organization:

Address: Home Work

City: State: Zip:

Phone: FAX:

Note: For hotel information and reservations go to bit.ly/PEAKHotel
For more information and to register for the Youth Leadership Summit go to bit.ly/PEAKYouthLeadershipSummit

Check all roles that apply:

- Parent, Family Member/Caregiver, Professional, Early Childhood Provider, Educator (Higher Education), General Education Administrator, General Education Teacher, Paraprofessional, Related Service Provider, Self-Advocate (Person with a Disability), Special Education Administrator, Special Education Teacher, Youth (person under age 21)

(Optional) If parent of a child with a disability, please provide birth year & disability label:

I need the following accommodations (check all that apply):

- Vegetarian Meals, Gluten Free Meals, Interpreter (specify language), Other accommodations/dietary restrictions:

REGISTRATION: Thursday, February 14 - Friday, February 15, 2019

- Early Professional Registration: Valid through January 16, 2019 \$265.00
Early Family Member, Person with a Disability, or Student Registration: Valid through January 16, 2019 \$170.00
Regular Professional Registration: January 17, 2019 \$320.00
Regular Family Member, Person with a Disability, or Student Registration January 17, 2019 \$210.00

Note: Registration fee includes lunch on each day.

DONATE and Help PEAK, Help Families Attend the Conference! PEAK is a 501(c)3 nonprofit organization and gifts are tax deductible.

Yes, I would like to give a contribution to PEAK in the amount of \$

TOTAL AMOUNT DUE: \$

PAYMENT (Please select one):

- Check Payable to PEAK Parent Center Enclosed #:
Purchase Order Enclosed #:
Please charge my credit card for \$ (Complete credit card information on the right, and provide signature below)

Cardholder's Signature (Required):

Additional Notes? Please list below:

NOTE: if paying by credit card, the address and zip code provided under the credit card section must be the billing address and zip code of the credit card.

Credit Card Information:

- Visa, MasterCard, American Express, Discover
Card #:
Exp. Date: Security Code:
Cardholder billing information is same as registrant.
Cardholder's First & Last Name:
Cardholder's Street Address:
Cardholder's City, State, and Zip Code:

MAIL Registrations, Payments or POs to: PEAK Parent Center, Attn: Conference, 917 East Moreno Avenue, Suite 140, Colorado Springs, CO 80903
FAX for Registrations, Payments or POs: (719) 531-9452
Register Online with a Credit Card: bit.ly/PEAKConfRegistration

PEAK Parent Center has a No Refund policy and cannot refund credit cards or release purchase orders if you must cancel. However, for \$30 we can transfer your registration to a friend or colleague. Contact PEAK at registration@peakparent.org for details.

