



1 REGISTRANT INFORMATION

All fields required. Attendees are strongly encouraged to complete the registration application online at www.specialeducationlegislativesummit.org.

| | | |
|------------|----------------------|-------------|
| First Name | Last Name | |
| Job Title | Member ID (If Known) | |
| Address | | |
| City | State | Zip/Country |
| Email | | |

- Check here to confirm you agreed to advocate for the positions of CEC/CASE (required)
- I understand that attendees are expected to abide by all posted COVID safety measures at the time of the Summit and failure to do so will result in removal without refund.

3 ABOUT YOU

Have you attended SELS before?

- Yes No

Please indicate any dietary requests:

- Gluten Free** **Vegan** **Vegetarian**

If you are a CEC CAN Rep, please indicate your Division or Unit:

If you require any disability accommodations, please briefly describe below and the SELS team will follow up with you:

2 SUMMIT REGISTRATION

Attendees are encouraged to register online at www.specialeducationlegislativesummit.org.

Circle Your Rate (Must be a CEC or CEC member at time of registration to qualify for membership rates)

| Type | Early Rate (By May 18) | Regular Rate |
|----------------|---------------------------|--------------|
| Student Member | \$290 | \$290 |
| Member | \$305 | \$405 |
| Non-Member | \$405 | \$505 |

4 PAYMENT

Mail checks to: CEC, PO Box 79026, Baltimore, MD 21279-0026

Email or Fax Purchase Orders to: (703) 264-9494 | SELS@exceptionalchildren.org

Pay and Register online at: www.specialeducationlegislativesummit.org

Pay With Credit Card:

Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Signature: _____