



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

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

Please indicate any dietary requests:

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

By providing the information above, I am consenting to share my personal information with the Council for Exceptional Children (CEC). I understand CEC will collect, store, and share this information only as needed for the purposes of accommodating my dietary and/or accessibility needs.

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: _____

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 June 11)	Regular Rate
Student Member	\$290	\$290
Member	\$305	\$405
Non-Member	\$405	\$505

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