

Special Education Legislative Summit  
 July 13-16, 2025



# 1 REGISTRATION CRITERIA

I qualify to register per the following criteria: \*

- Special Education professional currently employed by a school/district or state department of education
- Higher education professional in special education currently employed by a college/university
- Specialized Instruction Support Personnel currently employed by a school/district serving students in special education
- Students currently enrolled in university programs geared toward education for students with disabilities
- Other (and I have cleared this with the SELS registration team).

\* Those who register but do not qualify per the above will be removed from the registration list. If you have questions about whether you qualify to attend, please email the SELS Team before registering.

# 3 SUMMIT REGISTRATION

Attendees are encouraged to register online at [www.specialeducationlegislativesummit.org](http://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 15)	Regular Rate
Student Member	\$290	\$290
Member	\$305	\$405
Non-Member	\$405	\$505

# 5 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](http://www.specialeducationlegislativesummit.org)  
 Pay With Credit Card:

Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Signature: \_\_\_\_\_

# 2 REGISTRANT INFORMATION

All fields required. Attendees are strongly encouraged to complete the registration application online at [www.specialeducationlegislativesummit.org](http://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.

# 4 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.

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