Registration Form

CT AHEAD Spring Conference

Name: _____

Please PRINT clearly

Affiliation: _____

Mailing Address:

_____

_____

_____

_____

Email: _____

Phone Number: ( ) _____

Are you a:

☐ CT AHEAD, CLRP, or ADACC Member $10.00

☐ Nonmember $25.00

☐ Student $5.00

Please Make All Checks Payable to CT AHEAD.

Registration forms and payment should be mailed to:

Pamela J. Starr, Ph.D., CRC
AccessAbility Services
83 Windham Street
Willimantic, CT 06226