



## AHEAD 2009 Conference Registration Form

### "Global Access: Opening a World of Opportunity"

Louisville, Kentucky, USA July 20 - 25, 2009  
at the Galt House Hotel and Suites

Please complete all sections of this form, referring to the included rate schedules to determine your fees for Conference Registration and Preconference Institutes. Then submit **all pages** of your registration form with payment by mail or FAX.

**Mail to: 107 Commerce Centre Dr. Ste. 204 Huntersville, NC 28078 USA**

**FAX to: AHEAD Conference, 704-948-7779**

Not an *AHEAD* member yet? Become a member on this form and take advantage of discounted member rates.

#### SECTION 1: PERSONAL INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Nickname for Badge \_\_\_\_\_

Job Title \_\_\_\_\_

Institution \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country (if not USA) \_\_\_\_\_

E-mail Address (required) \_\_\_\_\_

Telephone (required) \_\_\_\_\_

TTY \_\_\_\_\_

Fax (required) \_\_\_\_\_

***Confirmations will be provided via FAX or e-mail approximately 10 business days after receipt of your registration form.***

PLEASE PRINT LAST NAME HERE (for filing purposes): \_\_\_\_\_

**Enhance your Conference experience**

Please check the following as applicable:

- I would like to be a session moderator. **(must register prior to June 9, 2009)**
- This is the first *AHEAD* Conference I will attend.
- I plan to attend the Thursday evening event, July 23 at the Muhammad Ali Center
- As a new member, I would like to be paired with a seasoned *AHEAD* member for the Conference.
- I would like to volunteer to be a mentor for a participant who is relatively new to *AHEAD*.
- I would like to volunteer for two hours during the Conference.
- I do NOT want to be listed in the conference attendee directory

**SECTION 2: ACCESS SERVICE INFORMATION**

**Access Service requests must be received by *AHEAD* no later than June 22, 2009 to guarantee availability.**

**Hotel Sleeping Room Accommodations\***

(please place a check next to all applicable)

- Wheelchair accessible room:
- Wheelchair width \_\_\_\_\_ inches \_\_\_\_\_
- Handrails in bathroom
- Shower chair  Shower bench
- Deaf/Hard of Hearing Room equipment
- Alternate format of printed hotel material
- Dog Guide Care Information at check-in

*\*AHEAD requests Hotel Accommodation information as a "double-check" resource for the Hotels. Individuals are fully responsible for making their own hotel arrangements.*

**Dietary Restrictions (circle any that apply)**

- Ova/Lacto Vegetarian                      Traditional Vegetarian                      Vegan
- Diabetic                      Low Sodium                      Halal                      Kosher

Food Allergies:

PLEASE PRINT LAST NAME HERE (for filing purposes): \_\_\_\_\_

**Programmatic Accommodations for Concurrent Sessions, Symposia and Workshops**

*(All listed services/media are provided for all plenary sessions)*

**I request the following:**

- \_\_\_\_\_ Sign language interpreter,
- \_\_\_\_\_ Language preference: \_\_\_\_\_,
- \_\_\_\_\_ or
- \_\_\_\_\_ CART
- \_\_\_\_\_ Amplification system
- \_\_\_\_\_ Site tour with orientation and mobility specialist

**I request accessible media in the following format  
(select one):**

- \_\_\_\_\_ E-text
- \_\_\_\_\_ Braille
- \_\_\_\_\_ Large Print

**SECTION 3: CONFERENCE REGISTRATION**

Please refer to the pricing grids below to determine your registration fees. Note that fees vary by **date of receipt of your registration form** and **your membership status**. Registration includes all concurrent sessions, plenary sessions, poster sessions, refreshment breaks, symposia, and banquet attendance.

**Full Registration**

	Member	Non-member	Student
Before June 2	\$445	\$515	\$275
June 2 - July 1	\$495	\$565	\$295
After July 1	\$545	\$645	\$305

**Daily Registration Rates**

Before June 2	\$215/day
June 2 - July 1	\$225/day
After July 1	\$235/day

**For daily registrants:** circle days you will attend:

Wednesday    Thursday    Friday    Saturday

**SECTION 3: SUBTOTAL: \$ \_\_\_\_\_**

PLEASE PRINT LAST NAME HERE (for filing purposes): \_\_\_\_\_

**SECTION 4: MEMBERSHIP**

*AHEAD's* membership year runs from **January 1 – December 31**. If you are not a member of *AHEAD* but you would like to become a member for the **remainder of 2009** AND register at the *AHEAD* member Conference rates, please indicate that here. Please select your membership type below. You may want to refer to **www.ahead.org** for specific member category descriptions and requirements.

- \_\_\_\_\_ Full Professional ..... \$215.00
- \_\_\_\_\_ Associate ..... \$155.00
- \_\_\_\_\_ Preprofessional ..... \$85.00
- \_\_\_\_\_ Institutional Silver..... \$260.00
- \_\_\_\_\_ Institutional Gold..... \$570.00
- \_\_\_\_\_ Institutional Platinum..... \$860.00
- \_\_\_\_\_ Additional Professional..... \$155.00
- \_\_\_\_\_ Emeritus ..... \$85.00
- \_\_\_\_\_ Partner (for profit)..... \$580.00
- \_\_\_\_\_ Partner (non-profit) ..... \$290.00

**SECTION 4: SUBTOTAL \$:** \_\_\_\_\_

PLEASE PRINT LAST NAME HERE (for filing purposes): \_\_\_\_\_

## SECTION 5: PRECONFERENCE INSTITUTES

Please indicate the Preconference Institute(s) for which you are registering. Referring to the registration fee charts below, enter the applicable Preconference registration fee total amount.

- \_\_\_\_\_ #PC1 The *AHEAD* Institute on E-Text Production (2 days)
- \_\_\_\_\_ #PC2 The *AHEAD* Institute on E-Text Production-ADVANCED (2 days)
- \_\_\_\_\_ #PC3 Introduction to Disability Law
- \_\_\_\_\_ #PC4 LD & Psychoeducational Assessment (2 days)
- \_\_\_\_\_ #PC5 Foundations in Disability Services (1 day)
- \_\_\_\_\_ #PC6 Universal Design (1 day)
- \_\_\_\_\_ #PC7 Blueprint for Success-Physical Access (1 day)
- \_\_\_\_\_ #PC8 Transition: Secondary to Postsecondary (1 day)
- \_\_\_\_\_ #PC9 ADA Coordinator's Institute (1 day)
- \_\_\_\_\_ #PC10 LD & ADHD Coaching (1/2 day morning)
- \_\_\_\_\_ #PC11 Online Learning (1/2 day morning)
- \_\_\_\_\_ #PC12 Coaching Skills for Non-Coaches (1/2 day afternoon)
- \_\_\_\_\_ #PC13 Postsecondary Disability Metrics (1/2 day afternoon)

### Two-Day Workshops

#### (E-Text, Advanced E-Text, Law, and LD)

Received:	Member	Non-member	Student
Before June 1	\$275	\$315	\$165
June 2 - July 1	\$290	\$340	\$180
After July 1	\$315	\$365	\$190

### One-day Preconference Institutes

Received:	
Before June 2	\$175
June 2 - July 1	\$195
After July 1	\$215

### Half-Day Preconference Institute

Received:	
Before June 2	\$95/each
June 2 - July 1	\$105/each
After July 1	\$115/each

**SECTION 5: SUBTOTAL \$:** \_\_\_\_\_

PLEASE PRINT LAST NAME HERE (for filing purposes): \_\_\_\_\_

**SECTION 6: CONCURRENT SESSION AND SYMPOSIA SELECTIONS**

All conference registrants must pre-select the concurrent sessions they will attend. Please indicate the session ID number (two-digit number separated by a period, e.g “1.6” or “3.8” etc.) associated with your selections in the corresponding Session Blocks below. Please refer to the Concurrent Session listings on pages 6 - 16 for titles, descriptions, and session ID numbers

Example:  
**Concurrent Block One**  
Wednesday, 11:30 am – 1:00 pm: # **1.4**

**Concurrent Block One**

(Wednesday 11:30 am – 1:00 pm) # \_\_\_\_\_

**Concurrent Block Two**

(Wednesday 2:30 – 3:30 pm) # \_\_\_\_\_

**Concurrent Block Three**

(Wednesday 4:00 – 5:30 pm) # \_\_\_\_\_

**Concurrent Block Four**

(Thursday 11:00 am – 12:30 pm) # \_\_\_\_\_

**Concurrent Block Five**

(Thursday 2:00 – 3:00 pm) # \_\_\_\_\_

**Concurrent Block Six**

(Thursday 4:00 – 5:30 pm) # \_\_\_\_\_

**Concurrent Block Seven**

(Friday 8:30 – 10:30 am) # \_\_\_\_\_

**Concurrent Block Eight**

(Friday 2:30 – 4:00 pm) # \_\_\_\_\_

**Concurrent Block Nine**

(Saturday 9:00 – 10:00 am) # \_\_\_\_\_

PLEASE PRINT LAST NAME HERE (for filing purposes): \_\_\_\_\_

**SECTION 7: BANQUET**

**The AHEAD 2009 Banquet will be a luncheon event on Friday, July 24, 2009.**

If you indicate your intention to attend below, **one banquet ticket will be provided to you as a part of your conference registration fee** if you positively indicate your intention to attend here. Please help us avoid preparing unneeded meals by indicating if you will be attending the banquet:

\_\_\_\_\_ Yes, I will attend the Banquet

\_\_\_\_\_ No, I will not attend Banquet

**Additional** Banquet tickets needed for my guests:

\_\_\_\_\_ # of tickets x \$40.00/per ticket

**Section 7: Subtotal: \$**\_\_\_\_\_

**SECTION 8: TOTAL AMOUNT DUE**

Section 3 (Registration): \$\_\_\_\_\_

Section 4 (Membership): \$\_\_\_\_\_

Section 5 (Preconference Institutes) \$\_\_\_\_\_

Section 7 (Additional Banquet Tickets) \$\_\_\_\_\_

**Total Amount Due:** \$\_\_\_\_\_

PLEASE PRINT LAST NAME HERE (for filing purposes): \_\_\_\_\_

**SECTION 9: METHOD OF PAYMENT**

Do you need to register now, but pay after July 1 due to fiscal year changes? If so, please call the *AHEAD* Office at 704-947-7779 prior to submitting your registration form to make arrangements with Oanh Huynh, *AHEAD*'s Associate Director.

**Please circle applicable form of payment.**

All registrations must be submitted with an acceptable form of payment. Fees are payable only in US Dollars. Registration via FAX requires payment by MasterCard/Visa or a FAXed copy of your institutional purchase order.

**AHEAD FEIN: 34-1265325**

Check Enclosed	Money Order Enclosed	Purchase Order Enclosed	
MasterCard	VISA	American Express	Discover

Card Number (16 digits) \_\_\_\_\_

Expiration Date (four digits) \_\_\_\_\_ / \_\_\_\_\_

Card ID (last three digits on signature strip) \_\_\_\_\_

Full Name on Card

\_\_\_\_\_  
Signature of cardholder (required)

\_\_\_\_\_  
\*I agree to pay the total of all selections above according to the card issuers agreement.

**Please read this cancellation policy carefully.** By registering for the *AHEAD* 2009 Conference you agree to the following:

All registration cancellations for the *AHEAD* 2009 Conference must be received in writing (via FAX or mail). While *AHEAD* realizes that unforeseen circumstances may cause an inability to attend, *AHEAD*'s expenses are progressively committed several weeks in advance. Cancellations received prior to June 2, 2009 will receive a full refund minus a \$125.00 fee. Cancellations received between June 3 and July 1, 2009 will receive a full refund minus a \$150.00 fee. **Absolutely no refunds for cancellation requested after July 1, 2009 will be issued.** NOTE: Registration fees are fully transferable to another individual from the same institution by making such request in writing to be received by *AHEAD* not later than July 1, 2009. **This cancellation policy is not subject to appeal, change, or alteration. Refunds for cancellations will be issued on or by August 31, 2009.**

**Submit all pages of completed form to:  
AHEAD, 107 Commerce Centre Drive, Suite 204,  
Huntersville, NC, 28078 USA  
FAX to: 704-948-7779**