

2010 CONFERENCE REGISTRATION FORM

AHEAD & PEPNet!
2010 Conference
“Person → Disability → Diversity → → → Humanity”
Denver, Colorado, USA
July 12 – 17, 2010, at the Sheraton Downtown Hotel

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.
Register by June 1, 2010 for greatest value!

Mail to: 107 Commerce Centre Dr. Ste. 204 Huntersville, NC 28078 USA
FAX to: 2010 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) _____

I am a Presenter

I am an Exhibitor

Enhance your Conference experience

Please check the following as applicable:

I would like to be a session moderator.

(Must register prior to June 4, 2010)

As a new AHEAD 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

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

Section 2: Access Service Information

Access Service requests must be **received** by AHEAD no later than **June 7, 2010** 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

**Conference organizers request 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: _____

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

My primary affiliation with the 2010 Conference is (check one):

- PEPNet Attendee
- AHEAD Member
- Other interested constituency

Please refer to the pricing grids below to determine your registration fees. Registration fees are based on the **date of receipt by AHEAD**. Registration includes all concurrent sessions, plenary sessions, poster sessions, refreshment breaks, all receptions, symposia, and banquet attendance.

Full Conference Registration -----

	PEPNet Rep. or AHEAD Member	Non-PEPNet Non-AHEAD	Student
Before June 1	\$475	\$625	\$275
June 1 – June 28	\$525	\$675	\$325
After June 28	\$575	\$725	\$375

Daily Registration Rates -----

Before June 1	\$215/day
June 1 – June 28	\$225/day
After June 28	\$235/day

For daily registrants, circle days you will attend:

Wednesday Thursday Friday Saturday

Section 3: Registration Subtotal \$ _____

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 2010 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: Membership Subtotal \$: _____

Section 5: Preconference Institutes

Please indicate the Preconference Institute(s) for which you are registering. Please enter the total registration fee due below.

- #UDE** Universal Design in Higher Education (2 days-Tuition: \$295)
- #PC1** The AHEAD Institute on Accessible Curriculum
Production (2 days-Tuition: \$295)
- #PC2** Introduction to Disability Law (2 days-Tuition: \$295)
- #PC3** LD & Psychoeducational Assessment (2 days-Tuition: \$295)
- #CBI – 1** Students with Intellectual Disabilities (1 day-Tuition: \$95)
- ~~**#CBI – 2** Transitioning from Higher Education (1 day-Tuition: \$95)~~
- #PC4** Psychological Disabilities 101 (1 day-Tuition: \$175)
- #PC5** Foundations in Disability Services (1 day-Tuition: \$175)
- #PC6** Transition: Secondary to Postsecondary (1 day-Tuition: \$175)
- #PC7** Nursing Students with Disabilities (1 day-Tuition: \$175)
- #PC8** Thinking Beyond Surveys (1/2 day morning-Tuition: \$95)
- #PC9** Students who are Deaf and Hard of Hearing
(1/2 day morning-Tuition: \$95)
- #PC10** Hands On Speech-to-Text (1/2 day afternoon-Tuition: \$95)
- #PC11** Students with Disabilities Online
(1/2 day afternoon-Tuition: \$95)

Section 5: Preconference Subtotal \$: _____

Section 6: Banquet

The 2010 Banquet will be a luncheon event on Friday, July 16, 2010. If you indicate your intention to attend below, **one banquet ticket will be provided to you as a part of your conference registration fee**. Please help us avoid preparing un-needed 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 6: Banquet Subtotal \$ _____

PRINT LAST NAME HERE (for filing purposes):

Section 7: 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 for titles, descriptions, and session ID numbers.

Example:

Concurrent Block One

Wednesday, 9:00 – 11:00 am: # 1.4

Concurrent Block One

(Wednesday 9:00 – 11:00 am) # _____

Concurrent Block Two

(Wednesday 11:30 am – 12:30 pm) # _____

Concurrent Block Three

(Wednesday 2:00 – 3:00 pm) # _____

Concurrent Block Four

(Wednesday 3:30 – 5:00 pm) # _____

Concurrent Block Five

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

Concurrent Block Six

(Thursday 2:00 – 3:00 pm) # _____

Concurrent Block Seven

(Thursday 4:00 – 5:30 pm) # _____

Concurrent Block Eight

(Friday 9:00 – 10:30 am) # _____

Concurrent Block Nine

(Friday 2:00 – 4:00 pm) # _____

Section 8: Total Amount Due

Section 3 (Registration): \$ _____

Section 4 (AHEAD Membership): \$ _____

Section 5 (Preconference Institutes): \$ _____

Section 6 (Additional Banquet Tickets) \$ _____

Total Amount Due: \$ _____

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.

All registrations must be submitted with an acceptable form of payment. Fees are payable only in US Dollars and must be made payable to "AHEAD." Registration via FAX requires payment by MasterCard/Visa or a FAXed copy of your institutional purchase order. **AHEAD FEIN: 34-1265325**

Please circle applicable form of payment:

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.

Cardholder Phone Number (required)

Please read this cancellation policy carefully.

By registering for the 2010 Conference you agree to the following:

All registration cancellations for the 2010 Conference must be received in writing (via FAX or mail). While AHEAD and PEPNet realize that unforeseen circumstances may cause an inability to attend, conference planning expenses are progressively committed several weeks in advance. Cancellations received prior to June 1, 2010 will receive a full refund minus a \$125.00 fee. Cancellations received between June 1 and June 28, 2010 will receive a full refund minus a \$150.00 fee. **Absolutely no refunds for cancellation requested after July 1, 2010 can 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, 2010. **This cancellation policy is not subject to appeal, change, or alteration.**

Submit all pages of completed form to:

2010 Conference

AHEAD, 107 Commerce Centre Drive, Suite 204,

Huntersville, NC, 28078 USA

FAX to: 704-948-7779