

# REGISTRATION FORM

2010 TRiO Training Institute  
Students with Disabilities in TRiO Programs  
The Sheraton New Orleans Hotel  
February 4 – 6, 2010

Please complete this registration form and return with payment via mail or FAX to:

AHEAD TRiO Registration  
107 Commerce Center Drive, Suite 204  
Huntersville, NC 28078 USA  
FAX: 704-948-7779

## Part 1 - Registrant Information:

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

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

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

My TRiO Program Type (i.e., SSS, Upward Bound, etc.)  
\_\_\_\_\_

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

## Part 2 - Registration Information (check one):

\_\_\_\_\_ I will attend and pay the EARLY BIRD rate of \$295 (for registrations received on or before December 23, 2009)

\_\_\_\_\_ I will attend and pay the REGULAR rate of \$350 (for registrations received after December 23, 2009)  
*Registration includes all materials, continental breakfasts, and refreshment breaks. Travel expenses, hotel accommodations and additional meals are not included in the registration fee. Refunds can only be provided for cancellations received in writing before December 23, 2009. A \$50.00 administrative fee will be charged for all cancellations. No refunds can be issued after December 23, 2009 for any reason.*

## Part 3 - Programmatic Accommodation Information:

\_\_\_\_\_ Please check here if you will require any disability-related programmatic accommodations for the seminar. A member of the AHEAD staff will contact you directly to make necessary arrangements.

## Part 4 - Payment Information:

Amount Due: \$ \_\_\_\_\_

Form of Payment Enclosed (please check one and provide appropriate information applicable to your form of payment):

\_\_\_\_\_ Check payable to AHEAD (FEIN# 34-1265325)

Check #: \_\_\_\_\_

\_\_\_\_\_ Purchase Order for AHEAD (FEIN# 34-1265325)

Purchase Order #: \_\_\_\_\_

\_\_\_\_\_ MasterCard/VISA/American Express/Discover

Account Number (16 digits):  
\_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_

Three digit security code: \_\_\_\_\_

Cardholder's Name (as it appears on card):  
\_\_\_\_\_

Cardholder's Signature:  
\_\_\_\_\_

**Remember, register by December 23, 2009 for best value!**

Questions? Call AHEAD at 704-947-7779