



Georgia AHEAD
Athens 2007
A Small Gathering of Friends

Georgia AHEAD Spring Conference Registration Form

Section 1: Personal Information

First Name: _____

Last Name: _____

Institution: _____

Job Title: _____

Postal Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country (if not USA): _____

Telephone: _____

TTY: _____

FAX: _____

Confirmations will be sent via email

E-mail will be used for timely updates to Georgia AHEAD 2007 Annual Conference information. Please enter your e-mail address here:

Please check the following as applicable:

- I would like to volunteer to pass out evaluations after a session during the conference.

Section 2: Access Information

Please check if applicable:

- I will need a Vegetarian Meal

Other (i.e., allergies): _____

Programmatic Accommodations

I will need:

- Sign Language Interpreter
Language preference: _____
- Amplification system
- Orientation and Mobility Assistance
- Service Animal Care Information
- Note-taking Assistance

I will need alternate media in the following format (select one):

- Audio Tape
- Braille
- Large Print
- Electronic Format (CD)

Section 3: Registration

Registration postmarked on or before **Feb 14, 2007**:

- \$125.00**

Registration postmarked/received **Feb 15 – Mar 15, 2007**:

- \$150.00**

Section 3: Subtotal \$ _____

Section 4: Pre-Conference

The following pre-conference session is offered on Wednesday, March 14, 2007 from 1:00pm - 5:00pm.

- Documentation Guidelines and Assistive Technology **\$25.00**

Section 4: Subtotal \$ _____

Section 5: Daily Conference Attendance (Thursday only)

If you are only able to come for one day of the conference you will not need to register for the full conference or pre-conference. Must be postmarked on or before **Feb 14, 2007**. Luncheon will be included.

- Daily Conference Attendance (Thursday only) **\$75**

Section 5: Subtotal: \$ _____

Section 6: Guest Luncheon Ticket

- Guest luncheon tickets are available (Thursday only) **\$30**

Section 6: Subtotal \$ _____

Payment Information:

Please enter totals from each section of the registration from here to obtain your grand total due.

Section 3 (Registration): \$ _____

Section 4 (Pre-Conference): \$ _____

Section 5 (Daily Attendance) \$ _____

Section 6 (Guest luncheon) \$ _____

Total Amount Due: \$ _____

Method of Payment:

Please check applicable form of payment. ALL REGISTRATIONS MUST BE SUBMITTED WITH AN APPROVED FORM OF PAYMENT. Registration via FAX requires payment by copy of your institutional purchase order.

- Check Enclosed
- Money Order Enclosed
- Purchase Order Enclosed

FEIN #58-1990946

Walk-In registration will be available during the conference at a higher rate. See the Registration Quick Form at the conference registration table.

CANCELLATION POLICY: All cancellations must be received in writing. Cancellations postmarked or faxed prior to February 28, 2007 will receive a full refund minus a \$25.00 processing fee. No refunds for cancellation received after Feb. 28, 2007 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 no later than March 7, 2007.

All checks made payable to: Georgia AHEAD

Please print and submit this form along with appropriate form of payment to:

Georgia AHEAD 2007 Annual Spring Conference
c/o Elaine Manglitz
Clayton State University
2000 Clayton State Blvd.
Morrow, GA 30260

Work (678) 466-5440, Fax (678) 466-5469 email: elainemanglitz@clayton.edu