

SPECIAL SHOW 2010

JULY 28 - 30, 2010

REGISTRATION FORM

If paying by check

NAME: _____

TITLE: _____

SCHOOL/ORGANIZATION: _____

HOME ADDRESS: _____

CITY STATE ZIP

E-MAIL ADDRESS: _____

HOME PHONE NUMBER _____

WORK or CELL PHONE NUMBER _____

Please indicate the category that pertains to you:

Special Education Teacher *Preschool Special Education Teacher*

General Education Teacher *School Psychologist*

Speech Language Pathologist *Related Services Personnel*

Paraprofessional *Parent*

Administrator *Higher Education*

Other (Specify) _____

Please check the following accommodations you require:

Braille / Large Print *Interpreter Services* *Vegetarian Meal*

Registration Fee is \$125 due on or before July 9, 2010, which includes 3 meals. Registration postmarked after July 9, 2010, or paid on site is a \$150. A separate registration form **MUST** be submitted for *each individual* participant. **NO PURCHASE ORDERS ACCEPTED.**

Mail checks payable to Special Show 2010 and the completed copy of this registration form to:

Special Show 2010
C/O Elaine Musil
Hot Springs Convention Center & Visitors Bureau
P.O. Box 6000
Hot Springs, AR 71902-6000

**REGISTRATION
FORM FOR ONLINE
PAYMENT
(Credit card only)**

**Follow the link off the
we-site to register
online.**

**An e-mail confirmation
will be sent for credit
card payment ONLY.**