

August 25TH and 26th, 2017 REGISTRATION

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGENCY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS/CITY/STATE/ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check the box that best describes you. I am a(an):**

**Self-advocate Family member Student Teacher of the Deaf/Hard-of-Hearing Audiologist**

**Teacher of the Visually-Impaired General/Special Education Teacher Social worker**

**Speech-language pathologist ASL interpreter Physical therapist Occupational therapist**

**Psychologist Rehabilitation counselor Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CONFERENCE REGISTRATION:

Registration fees include all conference sessions, continental breakfasts, day 1 lunch, and parking.

**On site registration** $85.00

***Continuing Education Units (CEUs) available***

**\*Registration fee is waived for 2016-17 Collaborative team members, but registration is required. Please fax registration form to 504-556-7574.**

**Advance registration by August 20th**\* $75.00

**Student registration by August 20th**  $60.00

**Family member registration by August 20th**  $60.00

***To submit credit card payment, click on the following link:***

[http://survey.constantcontact.com/survey/a07eeci2vc2j4r373oi/a002j4rc4e1u/greeting](https://remote.lsuhsc.edu/OWA/,DanaInfo=mail.lsuhsc.edu,SSL+redir.aspx?C=p0-27Pn1pqwwgYuClkKH3ICCIam1kOV-lhn436RIVzyJMUFgmcTUCA..&URL=http%3a%2f%2fsurvey.constantcontact.com%2fsurvey%2fa07eeci2vc2j4r373oi%2fa002j4rc4e1u%2fgreeting)

Families Helping Families of Jefferson is only providing fiscal duties for this event. Any questions about the event must be directed to Michael Norman, Coordinator of Louisiana Deafblind Project and LSU Collaborative for Students with Unique Communication Needs, programs of LSU HDC: 504-556-3455 or mnorm2@lsuhsc.edu.

***To submit payment by check, make check payable to Families Helping Families of Jefferson***

**Mail checks to: LA DBP CONNECTIONS Conference**

**LSUHSC Human Development Center**

**411 South Prieur Street, Office #473**

**New Orleans, LA 70112**

ACCOMMODATIONS: (please check all accommodations you will require; we cannot guarantee availability after August 11th)

**Braille program Large print program Sign language interpreter Closed captioning**

**Close vision interpreter Tactile interpreter Cued speech transliterator**

**Special diet (e.g., vegetarian, vegan, food allergies; please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration fee waived for Personal Care Assistant (PCA) or Support Service Provider (SSP). Check box if applicable.**