



WORKING ? HOW DO I KNOW ? WHAT IS WORKING ? HOW DO I KNOW ?

WHAT IS WORKING ?

| DISCOUNTED FEES <i>NJCIE Members Only!</i> Circle the Appropriate Choice | Early Bird Submit By June 1st | Submit Late After June 1st |
|--|-------------------------------------|-------------------------------------|
| Individual Members, Both Days | \$205 | \$235 |
| Organizational Member Team, Both Days (2 or more members attending both days). Registrations must be submitted together. | \$195 pp | \$220 pp |
| Individual Member, One Day Only _____ Wed. _____ Thurs. | \$120 | \$140 |

| <i>Non-Member Fees</i> Circle the Appropriate Choice | Early Bird Submit By June 1st | Submit Late After June 1st |
|--|-------------------------------------|-------------------------------------|
| Individual, Both Days | \$225 | \$265 |
| Team Person, Both Days (A person attending as part of a team, consisting of 2 or more people, attending BOTH days). Registrations must be submitted together. | \$215 pp | \$254 pp |
| Individual, One Day Only _____ Wed. _____ Thurs. | \$135 | \$160 |

- Continental breakfast and lunch provided.
- For details on DEADLINE / REGISTRATION / REFUNDS / SUBSTITUTIONS / DISCOUNTS / MEMBERSHIP / SCHOLARSHIPS / ETC—Please refer to Page 14.
- REGISTRATION CLOSES ON JUNE 24th.
- PRE-REGISTRATION is REQUIRED & LIMITED for the following computer labs ONLY:
 _____ (June 30) Assistive Technology Center @ Summer Inclusion Conference
 _____ (July 1) Assistive Technology Center @ Summer Inclusion Conference
 _____ (July 1) Teaching Global Citizenship with Nancy B. Sardone
- Our Conference is **going green!** Handouts will not be available at sessions, but will be available to conference registrants on or about June 20th. Instructions for accessing the

PAYMENT:

CHECK # _____

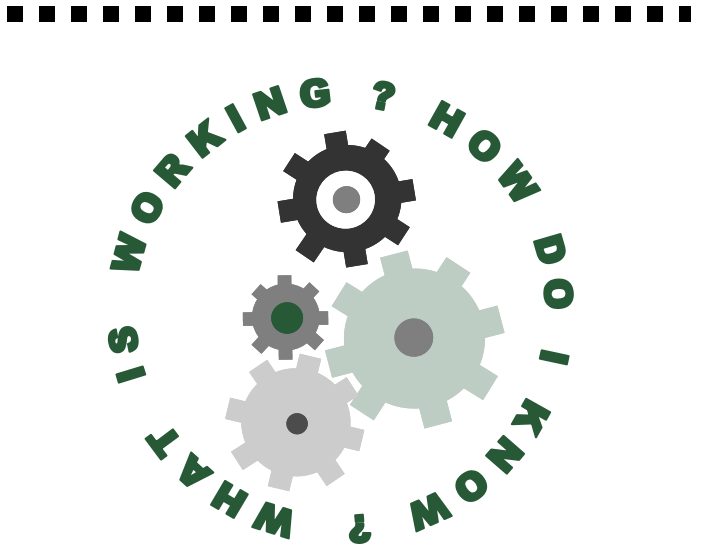
P.O. # _____

PYMT AMT _____

CARD # _____ EXPIR. _____

NAME AS IT APPEARS ON CARD: _____
VISA OR MASTERCARD (CIRCLE ONE)

SIGNATURE _____



FIRST: _____

LAST: _____

ADDRESS: _____

DISTRICT: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____

WK. PH.: _____

HM. PH.: _____

FAX: _____

E-MAIL: _____

HANDOUT INFO & CONFIRMATION WILL COME BY E-MAIL ONLY— PRINT CLEARLY

PLEASE CHECK: PARENT PROFESSIONAL

TITLE: _____

SPECIAL ACCOMMODATIONS?: _____

MAIL PAYMENT OR PURCHASE ORDER TO:

NJCIE
9 AUER COURT, SUITE H
EAST BRUNSWICK, NJ 08816

PHONE: 732-613-0400
FAX: 732-390-7696
E-MAIL: NJCIE@NJCIE.NET
WEB: HTTP://NJCIE.NET

FOR OFFICE USE ONLY:

SIC REG # _____