



REGISTRATION FORM

REGIONAL CONFERENCE • Sheraton Park Hotel Anaheim

FOR PARENTS, CAREGIVERS, EDUCATORS, ADULTS, PSYCHOLOGISTS AND HEALTHCARE PROFESSIONALS

Ages and Stages of Learning and AD/HD August 22, 2009

OPENING KEYNOTE ADDRESS ON FRIDAY EVENING, AUGUST 21

Optional: Post-Conference Teacher to Teacher Training, August 23

Register Four Ways

ONLINE:
www.chadd.org

MAIL
Anaheim Conference
CHADD
8181 Professional Place
Suite 150
Landover, MD 20785

FAX
301-306-7091

PHONE
301-306-7070
800-233-4050

Space Is Limited—Register Today!

On-site registrations will be accepted on a space-available basis.

For space availability, please email conference@chadd.org

Please Check One:

- Early Bird (Postmarked by July 17)** \$ _____
 - Individual Member: \$99
 - Individual Non-Member: \$115
- Regular (Postmarked by August 17)** \$ _____
 - Individual Member: \$110
 - Individual Non-Member: \$135
- After August 17 and On Site** \$ _____
 - Individual Member: \$130
 - Individual Non-Member: \$155
- Continuing Education Credits** \$ _____
 - \$35 CE Credits for Mental Health Professionals and IACET CEUs for educators
- Disneyland Discounted Tickets**
 - 8/22/09 • Twilight Ticket: _____ @ \$42 = \$ _____
 - 8/23/09
 - Day Ticket (ages 10+): _____ @ \$65 = \$ _____
 - Day Ticket (ages 3-9): _____ @ \$55 = \$ _____
 - Park Hopper (ages 10+): _____ @ \$86 = \$ _____
 - Park Hopper (ages 3-9): _____ @ \$76 = \$ _____
- Please reserve a box lunch for me _____ @ \$15 = \$ _____
 - Veggie Ciabatta Sandwich Hoagie Sandwich
 - Roast Sirloin Sandwich
- TOTAL** \$ _____

Last Name _____ First Name _____
 Degree/s _____ Company _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Daytime Phone _____ Evening Phone _____
 Email Address: _____ Fax: _____
 How did you hear about this conference? _____

Method of Payment (check one below)

- Check is enclosed in the amount of \$ _____
(Please make your check payable to CHADD)
- Bill my credit card in the amount of \$ _____
 - VISA MASTERCARD AMEX DISCOVER
 - Credit card number _____ Exp. Date _____
- Signature _____

Please make copies of this form and complete a form for each person attending.
NOTE: Registration includes morning coffee and danish.
 For information and to register for Teacher to Teacher Training:
http://www.chadd.org/Content/CHADD/Conferences_Training/TeachertoTeacher/default.htm

Cancellation Policy: Cancellations must be received in writing and must be postmarked by August 7, 2009 to qualify for a refund. A \$15 administrative fee will be deducted from the total registration fee. Substitutes are always welcome and no-shows will be billed. You may transfer your registration fee, minus the \$15 processing fee, to another individual by mailing or faxing a written request stating the person's name and address. All transfers must be postmarked by August 14, 2009.

For exhibiting and sponsorship opportunities, contact us at conference@chadd.org