



**SPECIAL EDUCATION LAW
AND ADVOCACY TRAINING**
by Pete & Pam Wright

December 5, 2006
Constitution Hall, University of Central Oklahoma
Edmond, Oklahoma

Name: _____

Address: _____

EMAIL: _____

(please print clearly)

Telephone: _____

FAX: _____

Child(ren)'s Disability: _____

Please register me for the above conference. I understand that because I am a parent of (or other significant family member, representative or work with) a child with a disability, there is no registration fee for the conference, and I will receive book(s) written by Pete Wright (if I did not receive a set at his earlier conference). As a condition to receiving a free registration, I must attend the conference. If I have an unavoidable emergency (even at the last moment) and cannot attend, I will call one of the following numbers (405-409-5761 or 405-409-5759 or 405-409-4301 or 405-409-5756). **If I register and do not attend or if I do not call prior to the conference to report an emergency, I will be charged \$150.00 for my registration.**

Signature: _____

Dated: _____

Sample agenda online at: <http://www.wrightslaw.com/speak/agenda/agenda.6hr.pdf>

Return registration form to:

FAX: 405-525-7759

-or-

MAIL: Oklahoma Disability Law Center, Inc.
2915 Classen Blvd., Suite 300
Oklahoma City, OK 73106

EXPLAIN ACCOMMODATIONS NEEDED: