

The Arc, AAIDD, AUCD,
United Cerebral Palsy and NACDD

The Hyatt Regency Washington on Capitol Hill
400 New Jersey Avenue NW
Washington, DC
March 4 - 6

THE 2007 DISABILITY POLICY SEMINAR

NEW CONGRESS, NEW OPPORTUNITIES

Meeting Registration Form

THE EARLY REGISTRATION DEADLINE IS **FEBRUARY 8, 2007**. Mail this registration form and fees, payable to **AAIDD, 444 North Capitol Street NW, Suite 846, Washington, DC, 20001-1512**. Or fax form to 202-387-2193. Register on-line at: www.aucd.org/meetings/gaseminar.cfm. Fax and online registrations require Visa or MasterCard payment. No invoicing of registration fees. On-site attendees must pay full on-site fees at time of registration.

I am a member of The Arc - Chapter _____
and AAIDD - Member Number _____
and AUCD - Program/Center Name _____
and United Cerebral Palsy - Affiliate _____
and NACDD - Council Member/Staff _____

(Please Print)

Name: _____

Title: _____

Agency/Organization: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

E-mail: _____

\$275 per person (**\$325 after 2/08/2007**) \$ _____
 \$200 per person for self-advocates, full-time students or trainees \$ _____

Please specify: Self-advocate Student Trainee

Credit Card Information: Visa Master Card Total Enclosed, Payable to AAIDD \$ _____

Account Number: _____ Expiration Date _____

Name on Account: _____

Card Holder Signature: _____

Please indicate special needs: Sign Language Interpretation Dietary, please specify: _____

Accessible Materials, please specify _____ Other: _____

Cancellation/Refund Policy: Cancellations will be subject to a 25% penalty. All refund requests must be sent **in writing** by **February 18, 2007**. Requests received after close of business on February 18, 2007 cannot be honored.