

## 1 REGISTRANT INFORMATION

All fields required. Attendees are strongly encouraged to complete the registration application online at [www.specialeducationlegislativesummit.org](http://www.specialeducationlegislativesummit.org).

First Name	Last Name	
Job Title	Member ID (If Known)	
Address		
City	State	Zip/Country
Email		

- Check here to confirm you agreed to advocate for the positions of CEC/CASE (required)  
 I understand that attendees are expected to abide by all posted COVID safety measures at the time of the Summit and failure to do so will result in removal without refund.  
 I understand that attendees must provide proof of full COVID-19 vaccination onsite

## 3 ABOUT YOU

Have you attended SELS before?

- Yes  No

Please indicate any dietary requests:

- Gluten Free**  **Vegan**  **Vegetarian**

If you are a CEC CAN Rep, please indicate your Division or Unit:

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If you require any disability accommodations, please briefly describe below and the SELS team will follow up with you:

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## 2 SUMMIT REGISTRATION

Attendees are encouraged to register online at [www.specialeducationlegislativesummit.org](http://www.specialeducationlegislativesummit.org).

**Circle Your Rate** (Must be a CEC or CEC member at time of registration to qualify for membership rates)

Type	Early Rate (By May 20)	Regular Rate
Student Member	\$290	\$290
Member	\$305	\$405
Non-Member	\$405	\$505

## 4 PAYMENT

**Mail checks to:** CEC, PO Box 79026, Baltimore, MD 21279-0026

**Email or Fax Purchase Orders to:** (703) 264-9494 | [SELS@exceptionalchildren.org](mailto:SELS@exceptionalchildren.org)

**Pay and Register online at:** [www.specialeducationlegislativesummit.org](http://www.specialeducationlegislativesummit.org)

**Pay With Credit Card:**

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_