2025 DLL Family Engagement Webinar Series
October 23, 30, and Novembrer 6, 2025
Registration Form

Basic Registration Information

Registration Types	Registration Rates
☐ CEC Member	$59
☐ Non-Member	$99

Payment Options

ONE REGISTRANT PAYMENT OPTIONS

☐ One Registrant Pay with Purchase Order:

- **Online - with Purchase Order:**
  - https://form.jotform.com/252524910641149

☐ One Registrant (self-registration) Pay with Credit Card:

- **Online - Must log in or create a CEC account for the one registrant:** https://info.exceptionalchildren.org/Event-Registration/EventID/428
- **Pay by Phone:** 1-888-232-7733
- **Paper Form - Credit Card Information**
  - Number _____/_____/_____/_____
  - Name on card: _____
  - Exp. Date _____/_____ CVV_____

  *To pay by credit card using this form, email it to service@exceptionalchildren.org or fax to (703) 264-9494.

☐ One Registrant (register someone else) Pay with Credit Card:

- **Online – with credit card:**
  - https://form.jotform.com/252524910641149

Requires Accommodation?

☐ Yes

☐ No

Accommodation Request (By providing this information, I am consenting to share my personal information with the Council for Exceptional Children (CEC). I understand CEC will collect, store, & share this information only as needed for the purposes of accommodating my needs.)

Please describe the accommodation needed here. _____

_____

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MULTIPLE/GROUP REGISTRANT PAYMENT OPTIONS

☐ Multiple/Group Pay with Purchase Order:

- **Online - with Purchase Order:**
  - https://form.jotform.com/252524910641149

☐ Multiple/Group Registrant Pay with Credit Card:

- **Online - with Credit Card:**
  - https://form.jotform.com/252524910641149

- **Pay by Phone:** 1-888-232-7733
- **This Paper Form - Credit Card Information**
  - Number _____/_____/_____/_____
  - Name on card: _____
  - Exp. Date _____/_____ CVV_____

  *To pay by credit card using this form, email it to service@exceptionalchildren.org or fax to (703) 264-9494.

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Accommodation Request (By providing this information, I am consenting to share my personal information with the Council for Exceptional Children (CEC). I understand CEC will collect, store, & share this information only as needed for the purposes of accommodating my needs.)

Please describe the accommodation needed here. _____

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Registrant Information (Repeat for group registration)

ONE/INDIVIDUAL REGISTRANT INFORMATION

Name (required):_____

Registrant Email (required):_____

School/Organization/Employer:_____

School/Organization/Employer Address:_____

City:_____State/Province:_____Zip/Postal Code:_____

Telephone: Fax:

Questions? Contact CEC Member Services at 1-888-232-7733 or service@exceptionalchildren.org