

Registration Form

2009 SACK Conference

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Self-Advocacy Group _____

Roommate _____

If you are traveling with a group , who is the contact person?

Contact Name _____

Contact Phone _____

Contact Email _____

Do you need an accessible room? Yes No

Would you like a diabetic meal? Yes No

In order to receive a diabetic meal, registration must be in by the early deadline of August 15.

Do you need a Braille program? Yes No

Conference Fees:	Registration before August 15	\$125 double/\$250 single
	Registration after August 15	\$150 double/ \$300 single
	T-shirt	\$15

___I would like to preorder my conference t-shirt in Size S M L XL 2XI 3XL
(Please circle one)