2019 FALL WEBINAR REGISTRATION FORM

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REGISTRANT INFORMATION

Name: __________________________________________________________

*E-mail (required): ________________________________________________

Address: _________________________________________________________

City: __________________ State/Province: __________ Zip/Postal Code:_____

Telephone: __________________ Fax: ________________________________

WEBINAR OFFERINGS

☐ Data-Based Behavior Plans: What Do They Look Like?
   Thursday, Sept. 12, 2019 – 4-5 p.m. Eastern
   $ __________

☐ You Expect Me to Do What? Clarifying Paraprofessional Roles
   In the Classroom
   Tuesday, Oct. 8, 2019 – 4-5 p.m. Eastern
   $ __________

☐ Specially Designed Instruction in Co-Teaching
   Tuesday, Oct. 22, 2019 – 4-5 p.m. Eastern
   $ __________

TOTAL $ __________

PAYMENT OPTIONS

☐ CREDIT CARD. ________/_______/_______/_______ Exp. Date_______
   Name on card___________________________________________________ CVV_____

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