

CEC 2019 LEADERSHIP INSTITUTE



2019 REGISTRATION FORM

**Registration fee is waived for one representative from each Unit or Division.
Additional registrations are welcome at a rate of \$145 each.**

Name: _____

CEC Member Number: _____ E-mail: _____

Address: _____

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

Telephone: (____) _____ Fax: _____

Representing **UNIT**: _____ **DIVISION**: _____

PAYMENT OPTIONS

CHECK. Make check payable to Council for Exceptional Children

Credit Card. _____ / _____ / _____ / _____ Expiration Date _____ CVV _____

You can also register online if paying by credit card

REGISTRATION OPTIONS

INSERT RATE FROM ABOVE

I have been approved by my Unit / Division for a FREE Registration July 5-7, 2019. \$ 0 - Free

Additional Unit or Division registration, July 5-7, 2019 \$ 145.00

Capitol Steps (social event), July 6, @ \$33 per ticket # of tickets _____ x \$33 \$ _____

TOTAL DUE \$ _____

Questions? Please call CEC Member Services at 1-888-232-7733.

Forms with Credit Card payments may be sent to service@cec.sped.org.

Send form with payment to:

2019 Leadership Institute
Council for Exceptional Children
P.O. Box 79026
Baltimore, MD 21279-0026