

LEARNING DISABILITIES ASSOCIATION OF AMERICA

2017 CONFERENCE PRE-REGISTRATION FORM

Mail to: LDA 2017 International Conference 4156 Library Road Pittsburgh, PA 15234-1349	Register Online: http://www.lidaamerica.org/conference
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REGISTRANT INFORMATION

Last name:	First:	Initial:	I need reasonable accommodations:
Street address:		Office / Cell phone no.: ()	Home phone no.: ()
Suite or Apt #:	City:	State:	ZIP Code:

Email: _____

I am a...(please check all that apply):

☐ LDA Member
 ☐ Non-Member
 ☐ Conference Speaker
 ☐ Parent
 ☐ Professional
 ☐ LD Adult
 ☐ Student

If you checked LDA Member above, please enter your Member ID here:
 (If you are not a member, or would like to renew your membership, please include the membership form in this book with your registration and dues)

LIST 1ST AND 2ND CHOICE – SESSION NUMBER ONLY

Please note: some sessions and workshops cut across multiple time frames on a day.

THURSDAY 1 ST 2 ND	FRIDAY 1 ST 2 ND	SATURDAY 1 ST 2 ND	SUNDAY 1 ST 2 ND
8:00 KEYNOTE SESSION	8:00 KEYNOTE SESSION	8:00 KEYNOTE SESSION	8:00
9:30	9:30	9:30	9:00
10:15	10:15	10:15	9:15
11:15	11:15	11:15	10:15
11:30	11:30	11:30	10:30
12:30	12:30	12:30	11:30
12:30 VISIT EXHIBITS	12:30 VISIT EXHIBITS	12:30 VISIT EXHIBITS	Please Note: <i>It is not necessary to register for Poster Sessions.</i> <i>Some sessions and workshops cut across multiple time frames on a day.</i>
1:30	1:45	1:30	
1:30	2:45	2:45	
2:45	3:00	3:00	
3:00	4:00	4:00	
4:00	4:15	4:15	
4:15	5:15	5:15	

REGISTRATION FEES

Please check either Full Conference or Single Days, as appropriate

	On or Before 1/31/2017	After 1/31/2017	
<input type="checkbox"/> FULL CONFERENCE (4 DAYS)			
<input type="checkbox"/> Member*	\$315	\$350	\$ _____
<input type="checkbox"/> Non-Member	\$465	\$500	\$ _____
<input type="checkbox"/> Student Member Rate**	\$110	\$110	\$ _____
<input type="checkbox"/> Student Non-Member Rate**	\$160	\$160	\$ _____

** Student members must attach verification of full-time student status at time of registration.

OR

SINGLE DAY(S) REGISTRATION (please choose your day(s) below – check each that applies)			
<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
<input type="checkbox"/> Member*	\$190	\$215	\$ _____
<input type="checkbox"/> Non-Member	\$240	\$265	\$ _____

Don't forget to multiply by number of days you've chosen.

ADDITIONAL OPTIONS AVAILABLE

<input type="checkbox"/> Adult Luncheon - FRIDAY	\$35	\$35	\$ _____
<input type="checkbox"/> Awards Brunch - SUNDAY	\$35	\$35	\$ _____
<input type="checkbox"/> I'd like to make a tax-deductible donation to LDA			\$ _____

TOTAL FEES: \$ _____

Payment Method: ☐ Visa
☐ MasterCard
☐ Discover
☐ American Express
☐ Check #: _____

Credit Card Number _____ Expiry Date _____ CVV Code _____

Name on Card: _____ Signature: _____