



Learning Disabilities Association of Ontario



Special Education Advocacy Institute - Registration Form -

Registrant Information

Name: _____ Title: _____

Company/Board: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code _____

Telephone: _____ Email: _____

Check The One Most Applicable

<input type="checkbox"/> Secondary student identified with special needs	<input type="checkbox"/> Parent of student identified with special needs
<input type="checkbox"/> Teacher – Elementary	<input type="checkbox"/> Teacher – Secondary
<input type="checkbox"/> Principal	<input type="checkbox"/> Vice-Principal
	<input type="checkbox"/> Teaching Assistant
	<input type="checkbox"/> Other _____

Accessibility – Please specify any accessibility requirements you may have.

Meals – Indicate all meals you will be taking.

<u>Thursday, November 20th</u>	<u>Friday, November 21st</u>	<u>Saturday, November 22nd</u>
<input type="checkbox"/> Dinner 6:00 - 7:00	<input type="checkbox"/> Breakfast 8:00 - 9:00	<input type="checkbox"/> Breakfast 8:00 - 9:00
	<input type="checkbox"/> Lunch 12:00 - 1:00	<input type="checkbox"/> Lunch 12:00 - 1:00

Special Dietary Requirements: _____

Agreement of Understanding

The Special Education Advocacy Institute is a pilot project of the Ontario Association of Education Advocates and the Learning Disabilities Association of Ontario. Registrants will receive a questionnaire approximately two weeks before the beginning of the Institute and a post-Institute questionnaire will be completed on Saturday, November 22nd. Registrants are expected to attend the full 2 ½ days of the Institute.

I agree to the above terms and conditions.

Signature of Registrant _____ Date _____

Return completed application form to: Learning Disabilities Association of Ontario
365 Bloor Street East, Box 39
Toronto, ON M4W 3L4

You may fax the completed application form to: 416.929.3905
For more information, email advocacyinstitute@ldao.ca
Telephone number: 905.691.7501