

# Transporting Students with Disabilities & Preschoolers

21st National Conference & Exhibition March 9-14, 2012

Doubletree Hotel at Entrance to Universal Orlando, Florida

Reserve lodging by February 11, 2012  
to get discounted rate of \$125 per  
night plus applicable fees and taxes.

## SEPARATE REGISTRATION PROGRAMS

Workshop A: Preschool & Head Start  
Transportation: Skill Sets for Successful  
Operations

Segment 1, March 10, 8 am to 12:15 pm

Bonus Session: 1:30 to 5:30 pm

Segment 2, March 11, 12:30 to 5 pm

Workshop B: NHTSA'S Child Passenger Safety  
Restraint Training, March 11, 8 am to 5 pm

Workshop C: Executive Briefing

Lesson Plans for Changing Times: Legal &  
HR Challenges You Never Thought You'd  
Confront, Segment 1, March 9, 2 to 6 pm;  
Segment 2, March 10, 1 to 5:15 pm

## SPONSORED SESSIONS

Sponsored sessions are part of your main  
conference registration fee. This preliminary  
schedule may change.

### FRIDAY, MARCH 9

Q'Straint Securement Training

BESI, Inc. Securement Training

Sure-Lok Wheelchair & Occupant Securement  
Training/Certification

### SUNDAY, MARCH 11, 9 AM TO NOON

3Rs for Drivers, Attendants & Managers,  
Sponsored by Thomas Built Buses

## NAPT SPECIAL NEEDS TRANSPORTATION ENDORSEMENT

Yes We will contact you with a schedule.

## IMPORTANT INFORMATION

THE 2-DAY PASS for school therapists covers  
Monday and Tuesday sessions and the Exhibition.

SPECIAL NEEDS: Notify the conference in advance  
of special physical needs in meeting rooms. Notify  
the hotel of special needs when reserving lodging.

CANCELLATION POLICY: Refund requests must be  
made in writing to conference@eduprogroup.com  
or Edupro Group, PO Box 6053, McLean VA 22106.  
There will be a \$100 fee for requests emailed  
or postmarked by January 15, 2012. Requests  
emailed or post-marked from January 16 up to  
and including February 1 will be refunded 50%.  
No refunds after February 1, 2012. Registration by  
purchase order is a commitment to pay.

WWW.EDUPROGROUP.COM  
CONFERENCE@EDUPROGROUP.COM  
703 288-4088  
703 288-4089 FAX

## Single Registration

	Before 10/30/11	Before 3/1/12	3/1/12 or Later
Conference + Workshop* (check <input type="checkbox"/> A, <input type="checkbox"/> B, <input type="checkbox"/> C)	\$450	\$500	\$600
Conference Only	\$350	\$400	\$500
Workshop Only (check <input type="checkbox"/> A, <input type="checkbox"/> B, <input type="checkbox"/> C)	\$275	\$300	\$325
OTPT 2-day Pass (school therapists)	\$300	\$350	\$400

\*Conference sessions are held Friday afternoon; Saturday and Sunday mornings; all day Monday and Tuesday; and Wednesday morning. For a small fee, you can add a \*Workshop, which focuses in depth on a single topic for 8 hours. See Workshop titles at left side of this registration form.

## Team Registration\* (See definition)

\*A team is 5 or more individuals from the same district or team is a transportation official and a special ed official from the same district (i.e., one paycheck is from transportation dept; other is from special ed dept.); or a team is a school system transporter and its contract company representative. Questions: call 703 288-4088. Edupro Group reserves the right to verify team registrants.

	Before 10/30/11	Before 3/1/12	3/1/12 or Later
Team Conference + Workshop	\$425 each	\$450 each	\$550 each
Team Conference Only	\$325 each	\$350 each	\$450 each

## Registrant Details

Organization name \_\_\_\_\_ Zip \_\_\_\_\_

Organization address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

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Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## PAYMENT

Checks, Visa, MasterCard and purchase orders accepted. All registrations must be paid prior to attending conference sessions, NO EXCEPTIONS. Make check payable to Edupro Group, LLC. EIN 16-1629202.

AMOUNT DUE: \$ \_\_\_\_\_  Check Enclosed  Purchase Order # \_\_\_\_\_

Visa/MC # \_\_\_\_\_ Security Code \_\_\_\_\_

Name exactly as it appears on card \_\_\_\_\_

Exp \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax this form to 703 288-4089 or mail this form and payment or purchase order to Edupro Group, PO Box 6053, McLean VA 22106.