

**Transporting Students with Disabilities & Preschoolers  
19<sup>th</sup> National Conference & Exhibition March 5-10, 2010  
Doubletree Hotel at the Entrance to Universal Orlando**

**REGISTER ONLINE & RESERVE LODGING at [www.eduprogroup.com](http://www.eduprogroup.com)**

Reserve lodging by February 25, 2010 to get discounted rate.

Reserve lodging by phone: 1-800-327-2110 or 407 351-1000.

**SEPARATE REGISTRATION PROGRAMS**

Workshop A: (2 Segments)

Segment 1, March 6, 8 am to Noon

**SHARED SERVICES &  
COLLABORATIVE RESOLUTIONS**

Segment 2, March 7, 8 am to Noon

**AUTISM & ED BEHAVIORS:  
DIMENSIONS & INTERVENTIONS**

Workshop B: CHILD PASSENGER

**SAFETY RESTRAINT TRAINING,**

March 7, 8 am to 5 pm

Workshop C: EXECUTIVE BRIEFING:

**CONDUCTING INTERNAL INVESTI-  
GATIONS –MAKING DEFENSIBLE**

**DECISIONS, March 6, 8 am to 5 pm**

**SPONSORED SESSIONS**

These sessions are part of your conference registration fee. If you plan to attend, please check session.

Q'Straint Securement Training,  
March 5, 12:15 to 1:15 and 1:30 to 2:30 pm

BESI Training on its Securement  
Vests & Pro-Tech III, March 5, 2:30 to  
3:30 pm

Sure-Lok Wheelchair & Occupant  
Securement Training, March 5, 3:30  
to 5:30 pm

3Rs for Drivers & Attendants  
(sponsored by Thomas Built Buses,  
March 7, 9 am to Noon

**IMPORTANT INFORMATION**

**Extended Early bird cutoff** is January 21, 2010.

**The 2-day pass** for occupational and physical therapists covers Monday and Tuesday sessions and the Exhibition.

**Guest** is a significant other or family member, not a colleague.

**Special needs:** Notify the conference in advance of special physical needs you have in meeting rooms or exhibit area. Notify the hotel of special needs when reserving sleeping rooms.

**Cancellation policy:** Refund requests must be made in writing to [conference@eduprogroup.com](mailto: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 25, 2010. Requests emailed or postmarked from January 26 up to and including February 5 will be refunded 50%. No refunds after February 5, 2010.

Single Registrations	Before 1/22/10	1/22/10 or Later
<input type="checkbox"/> Conference + Workshop Select <input type="checkbox"/> A <input type="checkbox"/> B or <input type="checkbox"/> C	\$500	\$600
<input type="checkbox"/> Conference Only	\$390	\$490
<input type="checkbox"/> Workshop Only Select <input type="checkbox"/> A <input type="checkbox"/> B or <input type="checkbox"/> C	\$300	\$300
<input type="checkbox"/> OTPT 2-day Pass (must be a school therapist)	\$325	\$325
<input type="checkbox"/> Guest Meal Pass (2 lunches; 3 contl breakfasts)	\$140	\$140

Team Registrations*	Before 1/22/10	1/22/10 or Later
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\*A 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 school system transporter and their contract company representative. Please designate Registrant and Team Member. Questions: call 703 288-4088. Edupro Group reserves the right to verify team registrants.

<input type="checkbox"/> Team Conference + Workshop	\$450 each	\$550 each
<input type="checkbox"/> Workshop A Attendee Name _____		
<input type="checkbox"/> Workshop B Attendee Name _____		
<input type="checkbox"/> Workshop C Attendee Name _____		
<input type="checkbox"/> Team Conference Only	\$340 each	\$440 each
<input type="checkbox"/> Registrant Name _____		
<input type="checkbox"/> Team Member Name _____		

**PAYMENT AND YOUR REGISTRATION INFORMATION**

Summarize the options you have selected above to determine your amount due. Checks, Visa, MasterCard and purchase orders are accepted methods of payment. **Registrations must be fully paid prior to attending conference sessions NO EXCEPTIONS.** Make check payable to Edupro Group, LLC. EIN 16-1629202.

AMOUNT DUE: \$ \_\_\_\_\_ Check enclosed payable to Edupro Group, LLC

Purchase Order # \_\_\_\_\_

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

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

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

Registrant  1<sup>st</sup> timer? Team Member  1<sup>st</sup> timer?

Name \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_

Registrant Email \_\_\_\_\_

Team Member email \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

**REGISTER ONLINE at [www.eduprogroup.com](http://www.eduprogroup.com). Or mail registration form and purchase order to Edupro Group, PO Box 6053, McLean VA 22106. Or fax registration form and purchase order to Joan Painter, 703 288-4089. Payment is due prior to attending sessions. Thank you.**