

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

REGISTER ONLINE & RESERVE LODGING at 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 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	<input type="checkbox"/> 1 st timer?	Team Member	<input type="checkbox"/> 1 st 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. 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.