



# Seminar & Workshop Registration Form

Please print clearly

\_\_\_\_\_  
Last Name                      First Name                      M.I.

\_\_\_\_\_  
Street Address

To register, please complete this form and mail with payment to:

NWSES  
1560 Columbia Blvd.  
St. Helens, OR 97051

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

\_\_\_\_\_  
Phone                                      E-mail Address

Number of Children with Disabilities: \_\_\_\_\_ Child on IEP? Y or N

School District \_\_\_\_\_ School Name \_\_\_\_\_

Age of Child: \_\_\_\_\_ Grade Level of Child: \_\_\_\_\_

Seminar / Workshop Name	Program Date	Cost
<input type="checkbox"/> Advocating for Students with Special Needs in the Public School System K-12	_____	_____
<input type="checkbox"/> No Child Left Behind: Friend or Foe?	_____	_____
<input type="checkbox"/> Tutoring Outside the Box: Working With Students with Special Needs	_____	_____
<input type="checkbox"/> Welcome to Holland	_____	_____
<input type="checkbox"/> How to Develop, Organize and Maintain a Parent Report	_____	_____
<input type="checkbox"/> Yelling Doesn't Work!: What You Can Do to Help a Child with Special Needs Comply at Home and in the Classroom Using Positive Behavior Supports	_____	_____
<input type="checkbox"/> An IEP for My Child	_____	_____
<input type="checkbox"/> Basic Rights	_____	_____

### PAYMENT INFORMATION

Name \_\_\_\_\_ Payment Type    ♦ Check    ♦ Visa    ♦ Master Card

Address \_\_\_\_\_ Credit Card Number \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_