

REGISTRATION FORM

FOR

The Effect of Reading Comprehension on Unique Minds

April 10, 2021



Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ Cell or landline? _____

Job Title _____

Company or School _____

Address _____

City _____ State _____ Zip _____

To obtain your discounted registration rate, you must supply your IDA membership number. If you are unsure of your membership number, please contact member@dyslexiaida.org. Please list your membership number: _____. If you are a brand-new member and haven't yet received your membership number, just indicate the date you joined.

Which IDA branch are you a member of? _____

Please indicate which of the following best describes you. Check all that apply to you.

- | | |
|--|--|
| <input type="checkbox"/> Adult Dyslexic | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Teacher in general education | <input type="checkbox"/> Lawyer or advocate |
| <input type="checkbox"/> Teacher in special education | <input type="checkbox"/> S/L Pathologist |
| <input type="checkbox"/> Other educator in school system | <input type="checkbox"/> Educational Therapist |
| <input type="checkbox"/> Reading Specialist | <input type="checkbox"/> Tutor |
| <input type="checkbox"/> Student Where _____ | <input type="checkbox"/> Other Where _____ |

Do you want to volunteer with our group to help support literacy in San Bernardino, Orange, or Riverside County?

- Yes
 No

What are your areas of interest? _____

How did you hear of this event? _____

If you live in So CA and perform services for students who learn differently, would you like to place your name on our Database? If yes, we will send you the information.

____ Yes

____ No

Is this your first time at a TCB Conference?

Yes

No

Pictures and/or videos may be taken at this event and used for promotional purposes by TCB. TCB has my consent to use these media without any obligation to me.

I agree

Registration fee _____ (see list below)

How paid? ____ Check # _____

____ Credit Card # _____

Name on credit card _____

Expiration date _____ Billing zip code _____

EARLY BIRD REGISTRATION (until March 13th)

- IDA Members \$ 50
- Others \$ 70
- Students - Members \$ 40 – List where
- Other Students \$ 60 – List where

REGULAR REGISTRATION (March 14th until April 7th)

- IDA Members \$ 70
- Others \$105
- Students - Members \$ 55
- Other Students \$ 75

Scholarships available - <http://conf.dyslexia-ca.org/2017/pdfs/17-Scholarship-Form-ParentsTeachersLocal.pdf>. Must be an IDA member.