



Or Register online: <http://cdd.unm.edu/swconf>

October 6 - 8, 2010 ♦ Albuquerque Convention Center ♦ 401 2nd Street NW ♦ Albuquerque ♦ New Mexico ♦ USA

Name _____ Organization: _____

Circle (Mr/Ms/Dr) _____ Please Print _____

Mailing Address: _____

City _____ State/Prov _____ Zip/Postal Code _____

Phone: _____ Fax: _____ E-Mail: _____

Registration Options

Type of Registration	3-Day Rate	2 Consecutive Day Rate	Daily Rate
Early Registration (On or Before 9/6/2010)	<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$140.00	<input type="checkbox"/> \$85.00
Registration (After 9/6/2010)	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$180.00	<input type="checkbox"/> \$100.00
Student Registration... Anytime	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$65.00
For 1 or 2 day registration please indicate which days you will attend:	<input type="checkbox"/> Wed Oct 6 <input type="checkbox"/> Thurs Oct 7 <input type="checkbox"/> Fri Oct 8		
Pre Conference Workshop	<input type="checkbox"/> \$20	Tuesday, Oct 5	

Exhibitors

See separate Exhibitor Registration Form available at <http://cdd.unm.edu/swconf> or call (505) 272-6247.

Conference Registration Scholarship Request

Completed Conference Registration Form must be received by August 31, 2010.

A limited number of conference registration scholarships are available for New Mexicans with a disability, their personal care attendants, or immediate family members who, because of financial considerations, would otherwise not be able to attend. Scholarships support conference registration fees only and do not include CEU fees, travel, hotel, or exhibit booth fees. Approval or denial will be sent to the e-mail or mailing address indicated on this registration form.

If you are not a New Mexican with a disability, personal care attendant or immediate family member and wish to inquire about scholarships, please contact the Conference Registrar.

I am a: **New Mexican with a disability** **Personal care attendant for a New Mexican with a disability**
 Immediate family member of a New Mexican with a disability

Indicate scholarship level for which you are applying*

Scholarship Level	1 Day Rate	2 Day Rate	3 Day Rate
25% Discount off Regular Conference Rate	<input type="checkbox"/> \$63.75	<input type="checkbox"/> \$105.00	<input type="checkbox"/> \$142.50
50% Discount off Regular Conference Rate	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$95.00
75% Discount off Regular Conference Rate	<input type="checkbox"/> \$21.25	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$47.50

Please indicate which days you will attend: Wed Oct 6 Thurs Oct 7 Fri Oct 8

*If you wish to apply for a 100% Registration Scholarship please contact the Conference Registrar.

CEU's / CRC's /CME's

Continuing Education credit will be awarded only to those who have signed in at the conference CEU desk for each day CEU's are requested. A \$20 administrative fee will be charged for those receiving CEU's/CME's. There is no charge for CRC's.

Please indicate discipline below.

- | | | |
|--|---|--|
| <input type="checkbox"/> Vocational Rehabilitation Counselors (CRCs/ <i>no fee</i>) | <input type="checkbox"/> Social Work | <input type="checkbox"/> Counselors / Therapists |
| <input type="checkbox"/> Continuing Medical Education Units (CME's) | <input type="checkbox"/> Speech/Lang. Pathology | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Registry for Interpreters for the Deaf (RID) | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Certified Health Education Specialists (CHES) |

For Office Use Only

2010 Registration Form

Scholarship Approved CK# _____ PO# _____ INV# _____
 Date: _____ Date: _____ Date: _____ Date: _____

Please **Print** Name: _____

Personal Accommodations (Please indicate any accommodations you may need at the conference.)

- Sign language interpreter Large print conference materials Materials on computer disc (CD)
 Accessible parking Deaf-blind interpreter Wheelchair-height tables
 Vegetarian meals Braille conference materials Assistive Listening Devices (ALD)
 Diabetic meals Other _____

Ramp van for **wheelchair accessible** transportation to/from airport only. A \$10 fee applies each way.
Please contact the conference registrar to make arrangements.

Registration Payment

Registration Subtotal: \$ _____
\$20 CEU option: \$ _____
Ramp van shuttle
option (\$10 each way): \$ _____
Total: \$ _____

Method of Payment

Check (Payable to: **University of NM CDD Disability Conference**)

Purchase Order PO # _____
Enclose signed Purchase Order

Tuition Remission Eligible UNM Staff and Faculty only
(spouses ineligible). Enclose signed
Tuition Remission form.

Credit Card Visa MasterCard
(Enter card details in area below)

Card Holders Name: _____

Card Number: _____ Exp. Date: _____ 3 Digit Security Code _____

Credit Card Billing Address and Postal Code

Cardholder Signature _____

Today's Date _____

Cancellation Policy

Conference fees (minus a \$25 administrative fee) are refundable if the request is received in writing (letter, fax, email) on or before September 15, 2010. After that date, no refunds will be given. Refund checks will be mailed after the conference.

Convention Center Parking (Connected by indoor walkway)

Convention Center City Parking Garage/Structure east of the Convention Center is \$6.00 daily. Civic Plaza Parking is \$8.00 daily. (City parking prices are subject to change) All Albuquerque city parking lots and garages offer free parking for vehicles displaying a valid accessible parking placard.

Conference Hotel Information (Connected to the Convention Center by indoor walkway)

A limited number of rooms are available at the conference rate of \$95 single or double occupancy at the Doubletree Hotel, Albuquerque, 201 Marquette Ave NW. These rates are valid for three days before and three days after the conference. To receive conference rates call the hotel directly at (505) 247-3344 by September 6, 2010 and tell them you are making a reservation for the Southwest Disability Conference.

Please mail the completed registration form to:

SW Disability Conference
Attention: Conference Registrar
Center for Development and Disability
2300 Menaul Boulevard NE
Albuquerque, NM 87107

If paying by credit card, fax this form to the attention of the Conference Registrar.

Phone: (505) 272-6247

Fax: (505) 272-9594

Email: swdisabilityconference@salud.unm.edu

REGISTER ONLINE AT:
<http://cdd.unm.edu/swconf>