

*Please print and return by fax or mail.*

**Date: April 9 and 10, 2010**

**Place: Rodd Royalty Inn & Suites, Charlottetown, PE**

**Registrant Information:**

**Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Conference Fee: (includes New or Renewal LDAPEI Membership)**

Learning Disabilities Association of PEI Regional Conference April 9 – 10, 2010		
	One & Half Day	Total
Registration Fee	\$ 195.00	\$
Full-time Student Fee	\$ 75.00	\$
Substitute Teacher Fee	\$ 75.00	\$

**Payment:**

**Cheque: #** \_\_\_\_\_ **Money Order:** \_\_\_\_\_ **Credit Card:** \_\_\_\_\_

*(If paying by credit card please visit our website at [www.ldapei.ca](http://www.ldapei.ca) to access paypal)*

**Additional Information:**

**Parent/Caregivers Grant:** For parents/caregivers with children with learning disabilities who are interested in participating in the conference, a grant is available. Please contact LDAPEI for more information (902) 894-5032.

**Deadline:** Registration must be received no later than **March 12, 2010**. Please use one form per person. If you have problems registering, please contact the LDAPEI office at [infoldapei@eastlink.ca](mailto:infoldapei@eastlink.ca) or by calling **(902) 894-5032**.

**Payment Information:** Registration forms must be accompanied by full payment in order to be processed. Registrations will not be taken by telephone.

**Refund policy:** The LDAPEI office should be notified of cancellations in writing. If cancellations are received before March 19, 2010 the total conference fee will be refunded, less 25% administration costs. After March 20, 2010, no refunds will be made. Please note that refunds will only be made after the conference. "No-shows" are non-refundable. If you cannot attend, you may send a substitute person.

**Cancellation:** If for any reason the conference has to be cancelled, a full refund will be provided to registrants.

**Confirmation:** By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the full conference fee. I have taken notice of the cancellation policy on this form.

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Signature:** \_\_\_\_\_

*Please make cheques payable to:*  
**Learning Disabilities Association of PEI**  
 40 Enman Crescent, Charlottetown, PE C1E 1E6  
 Tel: (902) 894-5032 ~ Fax: (902) 368-4548  
 Email: [infoldapei@eastlink.ca](mailto:infoldapei@eastlink.ca)  
 Website: [www.ldapei.ca](http://www.ldapei.ca)