

REGISTRATION Packet

14th Biennial Conference of the International Association of Special Education (IASE)



*“New Dimensions toward Education, Advocacy and
Collaboration for Individuals with Special Needs”*

*Wroclaw, Poland
June 21-25, 2015*

A collaborative effort by the
International Association of Special Education
and the University of Lower Silesia.



REGISTRATION FORM
IASE 14th Biennial Conference
Wroclaw, Poland – June 21-25, 2015

Please complete a separate registration form for each participant. Duplicate this form as needed. **Make checks or money orders payable to IASE** in US dollars. Mail to: IASE Treasurer, Steve Leitz, 8220 67th St. Ct. NW, Gig Harbor, WA 98335 USA. Email: stevenleitz@gmail.com. Telephone: 1-253-857-6573. You may pay by credit card. **IASE Federal ID# 43-1974089.**

PLEASE PRINT CLEARLY!!

Surname: _____ **First Name** _____

Mailing Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Phone (O) _____ (H or Cell) _____

Fax: _____ Email: _____

Gala Dinner: Yes ___ No: ___ Indicate Special Diet Needs: _____

Indicate Any Special Access Services Required: _____

Conference registration includes: Opening Reception, three days of conference sessions with daily lunches and morning breaks, Gala Dinner, and Conference Proceedings. Conference registrants will receive IASE membership for 2016!

REGISTRATION FEES

	By February 1, 2015	After February 1, 2015
IASE Member	___\$450.00	___\$550.00
Non IASE Member	___\$500.00	___\$600.00
IASE Member Developing Country	___\$150.00	___\$250.00
Non IASE Member Developing Country	___\$170.00	___\$270.00

IASE Student Member ___\$225.00 ___\$325.00
(undergraduate and graduate students taking 15+ credit hours per academic year)

Non IASE Student Member ___\$245.00 ___\$345.00
(undergraduate and graduate students taking 15+ credit hours per academic year)

IASE Member Retired ___\$225.00 ___\$325.00
(65+ years old)

Non IASE Member Retired ___\$275.00 ___\$375.00
(65+ years old)

Extra Gala Dinner Tickets for a guest: ___ Number @ \$60.00 = \$ _____

Optional Tours:

School Tour: ___ Number @ \$25.00 = \$ _____

Rehabilitation Center Tour ___ Number @ \$40.00 = \$ _____

TOTAL REGISTRATION FEES: (payment in US dollars only) \$ _____

Method of Payment: ___ Check/Money Order ___ Credit Card (see below)

Name on Credit Card; _____

Credit Card Number: _____

Expiration date: _____ CVV code: _____

Note: All presenters are required to register for the conference by February 1, 2015 or their names will not appear in the conference program. All registration forms and payment must be received no later than May 1, 2015. Registrants with special meal requests must list them on the registration form.

Cancellations MUST be made in writing for the IASE Board approval. Send to IASE, c/o Steven Leitz, 8220 67th St. Ct. NW, Gig Harbor, WA 98335, USA. Refund information: All refunds are subject to a \$50.00 US processing charge. Cancellations made by April 1, 2015 full refund minus the \$50.00 processing charge. April 2-15, 2015 a 75% refund (minus \$50.00), April 16-30, 2015 a 50% refund (minus \$50.00). No refunds after May 1, 2015.

PLEASE remember to register early as this conference is limited to the first 500 participants.