

th
6 Annual Second City Conference on Disability Studies in Education
May 18 - 20, 2006
Michigan State University, East Lansing, Michigan
REGISTRATION FORM

Name:

Preferred name for name badge (if different than above):

Address:

Institutional
Affiliation:

Phone Number:

Email:

I am willing to have my name and contact information listed on a compendium of conference attendees.

Please do not list my name and contact information.

I require particular assistance or accommodations. We are a small conference. **In order to assure appropriate accommodation, please pre-register before the deadline.**

Please describe the assistance or accommodation you require below:

**Send this form and payment (check or money order) to:
(Make checks/Money orders payable to Michigan State University)**

**Virgene Kirby
335 Erickson Hall
Michigan State University
East Lansing, MI 48824**

Name: _____

REGISTRATION COSTS:

\$60 registration for the full conference (before April 15th,
\$100 after April 15th, 2006 and on-site registrations

Please indicate method of payment:

_____ Check _____ Money Order

Make checks/Money orders payable to Michigan State University

Amount Payable: _____ Check number# _____

All of the following functions are included in your conference registration fee. Please indicate which you plan to attend so that we can plan food and beverages accordingly.

___ Thursday evening Reception

___ Friday evening Dinner

___ Saturday Founder's Luncheon

___ Check here if you would like a
vegetarian meal

HOUSING REGISTRATION FORM (FEES PAYABLE UPON CHECKOUT)

Name: _____

Gender: _____

Do you need an ADA room? **Yes** **No**

Smoking/Non-Smoking Room: _____

Do you have a roommate? **Yes** **No** If yes, suitemate's name: _____

Accompanied by a service animal? **Yes** **No**

Date of Arrival: _____ Date of Departure: _____

Accommodations: _____
