

First Name _____ Last Name _____

Mailing Address (home/work - please circle one) _____

City _____ State / Country _____ Zip Code / Postal Code _____

Daytime Phone _____ Fax _____ Email _____

Employer _____ Occupation _____

Is this your first time attending? Yes No If no, most recent year attended _____ How did you hear about the conference? _____

Do you influence and/or make purchasing decisions? Yes No

Do you want to receive e-mails from Closing The Gap Exhibitors with conference-related special offers, sales and incentives, etc.? Yes No

***SPECIAL SERVICES** *For persons with disabilities only – must be requested by September 1, 2019 Text file Sign interpreter

CONFERENCE - Wednesday, Thursday, Friday, October 2-4, 2019

Includes Preview of Exhibits – Tuesday Evening, October 1 and Continental Breakfast Wednesday and Thursday, October 2 & 3

	Registration Received	On or Before June 30	July 1 - September 19	September 20 - Onsite
	<input type="checkbox"/> Standard Rate <input type="checkbox"/> Group Discount - 5 or more <input type="checkbox"/> Group Discount - 8 or more <input type="checkbox"/> Group Discount - 20 or more	\$490 5+ Deduct \$30 8+ Deduct \$50 20+ Deduct \$70	\$565 5+ Deduct \$30 8+ Deduct \$50 20+ Deduct \$70	\$590 5+ Deduct \$30 8+ Deduct \$50 20+ Deduct \$70
	<i>To qualify for group discounts all group registrations must be received or submitted online at the same time.</i>			
	<input type="checkbox"/> Presenter / Exhibitor Rate (Presentation Title / Booth #: _____)	\$390	\$465	\$515
	<input type="checkbox"/> Parent / Individuals with Disabilities Rate (A letter describing your child's or your disability must accompany registration.)..... \$310 <input type="checkbox"/> Full-time Student Rate (Proof of full-time student status must accompany registration.) \$310 <input type="checkbox"/> Single-Day Thursday Only - October 3 \$300 <input type="checkbox"/> Single-Day Friday Only - October 4 \$130			
\$ _____				
\$0.00	<input type="checkbox"/> CONFERENCE SCHOLARSHIP (A letter describing your/your child's disability and telling us why you would like to attend the conference must accompany registration.)			
\$0.00	<input type="checkbox"/> FREE ADMINISTRATOR REGISTRATION (Name of paid staff member: _____)			

PRECONFERENCE WORKSHOPS - Monday and Tuesday, September 30-October 1, 2019 Includes Preview of Exhibits – Tuesday Evening, October 1 **Price**

	<input type="checkbox"/> PC-1 Two-day PODD Workshop, Monday and Tuesday, September 30-October 1, 2019	\$510
	<input type="checkbox"/> Monday, September 30 1 st Choice PC- _____ 2 nd Choice PC - _____	\$295
	<input type="checkbox"/> Tuesday, October 1 1 st Choice PC- _____ 2 nd Choice PC - _____	\$295
\$ _____	<input type="checkbox"/> BUNDLED PRICING! Monday and Tuesday Bundle - \$80 savings (PC-1 through PC-19 only)	\$510
\$ _____	<input type="checkbox"/> MATERIALS FEE(S), IF APPLICABLE (The materials fee equals the cost of the material provided.) PC-1 - \$17 fee PC-2 - \$25 fee PC-7 \$20 fee PC-10 \$20 fee PC-16 \$20 fee PC-17 \$35 fee	

ACADEMIC CREDIT **RESNA ATP FUNDAMENTALS COURSE - September 30-October 1, 2019**

\$ _____	<input type="checkbox"/> One Semester Credit - \$195	<input type="checkbox"/> 2-Day, Course - \$650 RESNA Member; \$800 Non-Member
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CLOSING THE GAP SOLUTIONS MEMBERSHIP - Exclusive Conference Special Pricing!

\$ _____	STANDARD MEMBERSHIP <input type="checkbox"/> 1-year \$99 (Regularly \$140) <input type="checkbox"/> 2-year \$210 <input type="checkbox"/> 1-year student OR parent \$85* PREMIUM MEMBERSHIP <input type="checkbox"/> 1-year \$330 (Regularly \$440) <input type="checkbox"/> 2-year \$648 <input type="checkbox"/> 1-year student OR parent \$274* *Proof of enrollment, description of disability required.		
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\$ _____ **DISCOUNT** (See Website for details)

\$ _____ **TOTAL AMOUNT - (Payment or purchase order must accompany registration.)**

PAYMENT INFORMATION

My check # _____ for \$ _____ is enclosed.

Circle One:     Card Number _____ - _____ - _____

Exp Date: _____ Cardholder Address: _____

Please bill my agency or school district PO # _____ (Purchase order must accompany registration.)

Mail or fax form with payment or purchase order to: Closing The Gap, P.O. Box 68, Henderson, MN 56044; Fax 507-248-3810. **Or register online at:** <www.closingthegap.com/store/register>. All who register by September 21 will receive confirmation by email. For additional information call 507-248-3294 or email <info@closingthegap.com>.

Cancellations must be received in writing by Closing The Gap on or before September 1, 2019. \$75 cancellation fee for each one-day preconference workshop, each one-day conference registration, or each exhibit hall only registration; \$125 cancellation fee for each three-day conference registration. No refunds after September 1, 2019. Unpaid balances are due in full. Replacements are welcome and must be submitted in writing.