

Without Exception:

*Building Community and Creating Opportunities for People with Intellectual Disabilities
who have Severe Reputations, Behavioral Challenges and Mental Health Care Needs*

November 8-10, 2009

Embassy Suites Cincinnati – RiverCenter & Northern Kentucky Convention Center

REGISTRATION FORM

Registration Fees and Deadlines

	<u>Received Before 10/30/09</u>	<u>Received After 10/30/09</u>
<input type="checkbox"/> November 8, 2009 Pre-Conference	\$39.00	\$ 59.00
<input type="checkbox"/> November 9-10, 2009	\$99.00	\$119.00

**** Please Note That All Meals Are On Your Own ****

Registrant Information

Name _____ Title/Position _____
Company _____
Phone# _____ Fax# _____
Street Address _____
City _____ State/Province _____ Zip _____ Country _____
E-mail Address _____

Accessibility Needs

Do you need any of the following? ___ Sign Language Interpreter ___ Braille Printed Materials ___ Large Print Materials

Method of Payment

Total Amount Due \$ _____

Visa MasterCard American Express Discover Government P-Card Money Order P.O. Check

Credit Card Number _____ Exp. Date _____ Security Code _____

Name as Printed on Card _____

Signature _____ Date _____

Please remit completed form and payment to:

CRA
102 West Ruffin Street
Mebane, NC 27302, USA
Or Fax to
1-888-542-8555

Cancellation Policy:

Cancellations in writing will be accepted through October 30, 2009.
After that date only substitutions will be permitted.

**All refunds will be processed approximately
2 weeks after the close of the conference.**

Questions?

Contact us at **1-888-542-8555** or by email at info@craconferences.com