REGISTRATION FORM

FOR

The Science of Reading Conference

Name_____

Address_____

City_____ State_____ Zip_____

Email _____

Home phone_____

Job Title_____

Company or School_____

Address_____

City_____ State_____ Zip_____

To obtain your discounted registration rate, you must supply your IDA membership number. If you are unsure of your membership number, please contact litchi@interdys.org. Please list your membership number: _____. If you are a brand-new member and haven't yet received your membership number, just indicate the date you joined.

Which IDA branch are you a member of? _____

Please indicate which of the following best describes you:

- ☐ Parent
- ☐ Teacher in general education
- ☐ Teacher in special education
- ☐ Other educator in school system
- ☐ Lawyer or Advocate
- ☐ S/L Pathologist
- ☐ Educational Therapist
- ☐ Reading Specialist
- ☐ Tutor
- ☐ Student
- ☐ Other

Are you attending the events on Friday Evening?

- ☐ Yes
- ☐ No
- ☐ Not sure yet

Do you want to volunteer with our group to help support literacy?

- ☐ Yes
- ☐ No

What are your areas of interest?_____

How did you hear of this event?_____

Is this your first time at a TCB Conference?

- ☐ Yes
- ☐ No

Pictures and/or videos may be taken at this event and used for promotional purposes by TCB. TCB has my consent to use these media without any obligation to me.

- ☐ I agree

EARLY BIRD REGISTRATION (until February 20th)

☐	IDA Members	$85
☐	Others	$130
☐	Students - Members	$ 65
☐	Other students	$ 75

REGULAR REGISTRATION (February 20 until March 2nd)

☐	IDA Members	$105
☐	Others	$150
☐	Students - members	$ 80
☐	Other students	$ 90

BRING A COLLEAGUE, PARENT OR TEACHER … 2 PERSONS REGISTERING TOGETHER

- 9% discount per person
- Each person uses the promotional code “friend”
- Both registrations must be sent in together