

Registration Form

**Shared Work, Shared Vision:
2009 Delaware Transition Conference**

April 29, 2009

8:00 am - 3:15 pm

Sheraton Dover, DE

Name _____

SPACE IS LIMITED SO YOU MUST CHECK ONE OF THE FOLLOWING CATEGORIES:

Student ___ Parent ___ Teacher ___ Other Professional (please specify) _____

Mailing Address _____

Phone _____ Email _____

For Students:

Name of School _____

Grade _____ Age _____

School _____ City _____

Parent or Guardian or School Authorized Signature (please circle one)

For Teachers and other Professionals:

Name of School or Agency _____

Address and email (if different from above) _____

Will you need a bus for your students? _____

Will you need a classroom substitute? _____

If special accommodations are needed, please indicate:

_____ Interpreter _____ Braille _____ Large Print

_____ other (please specify) _____

Accessibility needs _____

Registration Fee: None

Register Now!

Deadline is April 3rd

Mail, email, or fax registration to: mary.schenk@state.de.us or Mary Schenk,
Department of Labor, Division of Vocational Rehabilitation, 4425 N. Market St.,
PO Box 9969, Wilmington, DE 19809-0969 or Fax: (302) 761-6611
Questions? Call (302) 761-8275