

## AAC by the Bay 2012 - Registration Form

### Conference Fees:

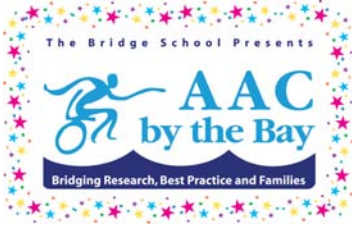
	Before 02/06/2012	After 02/06/2012
All 3 days	\$275	\$325
2 days	\$250	\$300
1 day	\$125	\$175

### Registration and Payment Options:

1. Pay online with a credit card (VISA, MasterCard, AMEX): <https://secure.bridgeschool.org/aacreg>
2. Pay with a check, money order, or school purchase order (PO) by completing the form and mailing it with payment to:  
The Bridge School/AAC by the Bay 2012  
545 Eucalyptus Avenue  
Hillsborough, CA 94010
3. Print and fax the registration form to (650) 342-7598.

Make checks payable to The Bridge School.

<b>Personal Information</b>		
Salutation (Dr., Mr., Mrs., Ms.):		
First Name:		
Last Name:		
Organization:		
<b>Mailing Address</b>		
Street:		
City:		
State:		
Zip:		
Address Type:	Work	Home
Telephone #:		
Telephone Type:	Work	Home    Mobile
E-mail Address:		
Please check all that apply:	<input type="checkbox"/> I am a Student <input type="checkbox"/> I am a Teacher <input type="checkbox"/> I am a Speech-Language Pathologist <input type="checkbox"/> I am a Paraprofessional/Instructional Assistant <input type="checkbox"/> I am a Professor <input type="checkbox"/> I am an Administrator	<input type="checkbox"/> I am a Family member of an AAC user <input type="checkbox"/> I am a Caregiver <input type="checkbox"/> I am an OT/PT <input type="checkbox"/> I am an AAC consumer <input type="checkbox"/> I am a Vendor/Rep <input type="checkbox"/> Other: _____



<b>Conference Information:</b>	
___ I will be attending (check all that apply): <input type="checkbox"/> Thursday 02/23/12 <input type="checkbox"/> Friday 02/24/12 <input type="checkbox"/> Saturday 02/25/12	
<b>Payment Information:</b>	
<b>I am paying by:</b>	<input type="checkbox"/> Credit card <input type="checkbox"/> Check <input type="checkbox"/> Purchase Order
<b>Total Cost:</b>	
<b>Credit Card Type:</b>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
<b>Credit Card Number:</b>	
<b>Credit Card Security Code:</b>	
<b>Credit Card Expiration Date:</b>	
<b>Name as it appears on the credit card:</b>	
<b>Authorized Signature:</b>	
<b>Billing Information:</b>	
<i>Complete this section if using a credit card OR a purchase order</i>	
<b>Billing Name (i.e. your school district):</b>	
<b>Billing Street:</b>	
<b>Billing City:</b>	
<b>Billing State:</b>	
<b>Billing Zip:</b>	
<b>PO Number (if known):</b>	