

**The Research Institute for Learning and Development's
27th Annual Learning Differences Conference
March 16 - 17, 2012
at the Harvard Graduate School of Education**

Mail/fax to: ResearchILD
 Attention: Anna Lavelle
 4 Militia Drive, Suite 20
 Lexington, MA 02421
 Phone: 781-861-3711 x 22
 Fax: 781-861-3701

Please complete all information:

Name _____			
Position/Title _____			
School/Organization _____			
Preferred Address _____			
City _____	State _____	Country _____	Zip _____
Preferred phone _____		Preferred e-mail _____	

Please tell us about your work:

School Setting:	<input type="checkbox"/> Elementary	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	<input type="checkbox"/> District-wide
School Setting:	<input type="checkbox"/> Public	<input type="checkbox"/> Charter	<input type="checkbox"/> Private	<input type="checkbox"/> Other
District Setting:	<input type="checkbox"/> Urban	<input type="checkbox"/> Suburban	<input type="checkbox"/> Rural	
Non-school setting:	<input type="checkbox"/> Private practice	<input type="checkbox"/> Institute	<input type="checkbox"/> Other:	_____

Please specify

<u>Concurrent Session Preferences:</u>	Friday	Saturday	
	#1-5	#1-5	

1 st choice:	_____	_____	
2 nd choice:	_____	_____	

Program fee: \$730 *Single registration (due no later than February 15, 2012)*
 \$685 *If you register by January 18, 2012*
 \$665 *If you register by January 18, 2012 and bring a colleague or a friend**

**If you register by January 18, 2012 and attend the conference with a colleague or friend, you will receive the special discount rate of \$665. Your colleague will be charged the early registration rate of \$685. Registration and payment for both you and your colleague is due no later than January 18th, 2012 to receive the discount.*

Payment method: Check enclosed (payable to ResearchILD)
 Purchase Order enclosed (payable to ResearchILD)
 Credit card payment (complete the information below)

MasterCard or Visa number: _____ Expiration date: _____

Name as it appears on the card: _____

Billing Address for card: _____
