

# 2011 Nevada Department of Education Mega Conference

## April 8 - 10, 2011 • Las Vegas, Nevada

Registrations must be received with payment by March 31, 2011.

Limited on a first-come, first-served basis.

Ms.  Mrs.  Mr.  Dr. Name: \_\_\_\_\_

School District: \_\_\_\_\_ School/Organization: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (w/Area Code) Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

### Please Identify Your PRIMARY Role:

- General Education Teacher
- Special Education Teacher
- ESL or Bilingual Education Teacher
- Speech/Language Pathologist
- School Psychologist
- Counselor
- School Administrator
- District Administrator
- State Administrator
- Paraprofessional
- Parent/Parent Advocate
- University Professional
- Other: \_\_\_\_\_

### Please Identify Grade Level(s):

- Early Childhood/Preschool
- Elementary - Primary Grades
- Elementary - Intermediate Grades
- Middle School/Junior High
- High School
- All Grades
- Other: \_\_\_\_\_

Federal funding sources require us to request this information, it is optional for you to provide it:

**Gender:**  Male  Female

**Date of Birth:** \_\_\_\_\_

### Ethnicity:

- White
- Black or African American
- American Indian and Alaska Indian
- Asian
- Native Hawaiian/Other Pacific Islander
- Hispanic or Latino
- Multiracial
- Other (please specify) \_\_\_\_\_

### Education:



Academic Degree/Credential Achieved: \_\_\_\_\_



### Conference Fees:

- Mega Conference: \$100

### Payment Method:

- Purchase Order # \_\_\_\_\_
- Check (payable to the Board of Regents)
- Credit Card\*:   or  

Name on card (print): \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

\*Credit card charges will be to REPC (Research and Educational Planning Center)

*Please note: If you are paying via a district Purchase Order or request for check payment, please fax in a copy of your completed registration first in order to ensure your spot in the conference- we will match payment to your registration when received.*

### Personal relationship with disabilities.

Are you a... (please check all that apply):

- Person with a disability
- Person with a special health care need
- Parent of a person with a disability
- Parent of a person with a special health care need
- Family member of a person with a disability
- Family member of a person with a special health care need

### Send registration form and payment to:

Ida Roberts  
UNR/NCED  
Mail Stop 285  
Reno, NV 89557

OR

Via Fax:  
(775) 784-4997

Questions: Phone (775) 682-9055