

GVEST 2010
ASSESS FOR SUCCESS
REGISTRATION

October 6-8, 2010

Georgia Academy for the Blind- Macon, GA

Please type or print:

Title: Dr. Ms. Miss Mrs. Mr.

Last Name: _____ First Name: _____

Preferred name for name badge: _____

PLEASE PROVIDE CONTACT INFORMATION FOR BOTH WORK & HOME.

Mailing Address: Office Work E-mail Address: _____

Street/P.O: _____

City: _____ State: _____ Zip _____

System/Agency: _____ Position: _____

Daytime Phone: (_____) _____ FAX: _____

Mailing Address: Home Home E-mail Address: _____

Street/P.O: _____

City: _____ State: _____ Zip _____

Evening/Summer Phone: (_____) _____ FAX: _____

Special Assistance/Accommodations: Special Diet Large Type Handouts

Braille Handouts Interpreter Other

(On the reverse side, please describe what you need.)

I plan to participate in the tour of the Georgia Braille Transcriber Program at Central State prison on Thursday afternoon. (Space is limited).

Please mail the completed registration form with a check for your registration fee by September 27, 2010 to: Melinda Perkins-Bush, Smokey Powell AT Center, Georgia Academy for the Blind, 2895 Vineville Ave; Macon, Georgia 31204. **Please make checks payable to the Middle Georgia RESA.**

Full Conference \$75

One Day Only \$55

An agency check is enclosed. Payment is not enclosed. P.O. is attached.

Please note that we are unable to honor requests for refunds received after September 27, 2010.