



Registration form for the Spring Conference of the Wisconsin Branch of IDA

Please fill out and return one form per person with payment. The registration fee, which includes continental breakfast, lunch, and afternoon snack, cannot be refunded but an alternate may attend. Confirmation and a reminder will be sent via e-mail.

Name:

Address:

City:				sidie:		Zıp:	
E-mail:				P	hone:		
What is your primary interest? Parent	Teacher	Administrator	Tutor	Psychologist	Person with	dyslexia/learning disabi	ility

Please indicate your first choice for the afternoon Breakout Sessions at 2:45-4:15

Student Driven AT – Mabel Gallegos Dyslexia Simulation – Connie Day	Student Driven AT — Mabel Gallegos	Dyslexia Simulation – Connie Day
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There will be a soup and deli buffet. Please let us know if you have any specific dietary needs.

Registration Fee - Please circle your category

(includes continental breakfast, lunch, afternoon snack)

	On or before March 18, 2015	After March 18, 2015
IDA Member please provide your IDA number#	\$75	\$95
Non-member	\$90	\$110
Student: Elementary–College School name	\$60	\$80

Make Check payable to WIBIDA \$_____ enclosed

Mail registrations to: WIBIDA

c/o Darlene Larson 7657 W. Cassidy Dr. Wausau, WI 54401

To register online with credit card payment, go to: www.wibida.org

Questions?? Contact Darlene Larson at 715-212-7339 or read.spell@gmail.com