

**2017 LDA REGIONAL WORKSHOP
REGISTRATION FORM**

(Please Print)

INFORMATION			
First name:		Last:	
Street address:	Home Phone: ()	Mobile Phone: ()	
City:		State:	ZIP Code:
Which location will you be attending?			
<input type="checkbox"/> Nashua, NH October 14, 2017		<input type="checkbox"/> Dallas, TX November 4, 2017	

Which workshop track will you attend?			
<input type="checkbox"/> Professionals		<input type="checkbox"/> Parents	
Are you an LDA Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what is your Member ID:
What is your box lunch choice? <input type="checkbox"/> Turkey <input type="checkbox"/> Ham <input type="checkbox"/> Veggie			
LDA accommodates individuals with disabilities. Reasonable accommodation may be requested up to 6 weeks prior to event date, but LDA cannot guarantee services requested after that date. Please note any special accommodations you may need.			

PAYMENT INFORMATION	
I have enclosed my personal check in the amount of:	
<input type="checkbox"/> \$110.00 (member of LDA, ID above*.)	<input type="checkbox"/> \$175.00 (NOT a member of LDA)
<i>* All names will be verified in our database. If you are interested in membership in LDA, please visit www.ldaamerica.org for more information and to add membership to your registration for the workshop, please fill out the form below and include your membership payment as well.</i>	



MEMBERSHIP APPLICATION

\$55 Individual Membership (includes annual national, state, and local dues where applicable)

\$25 Student Membership **Must include verification of student status**

(Please note that Organizational Memberships are also available. For \$300, organizations receive 5 memberships and a subscription to the LDA Journal, Learning Disabilities: A Multidisciplinary Journal. Please visit www.lidaamerica.org or contact info@lidaamerica.org or (412) 341-1515 for more information.)

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone: _____

(Check all that apply)

I am: individual with LD professional (mental health medical) educator (early childhood elementary middle high school post-secondary) school administrator family member of an individual with LD parent of an individual with LD Other _____

I heard about LDA membership from: national website local affiliate social media school friend conference other _____

Membership type: new member renewal

Is this membership a gift: yes no
If yes, please provide your information:

Name: _____
Address: _____
Email: _____

Enclosed is: \$55 yearly dues \$25 full-time yearly student dues (must provide proof of student status)

Please accept my tax deductible donation of \$ _____

Total: _____

Check #: _____ OR
Credit Card # _____ Exp. Date _____
CVC Code _____ Name on credit card _____

Please note: LDA does not accept purchase orders for membership dues. All sales are final. Membership is non-refundable.

**Please send completed form and check or credit card information
by mail to: LDA • 4156 Library Road, Suite 3 • Pittsburgh, PA 15234
by fax to: (412) 344-0224
by email to: info@lidaamerica.org**