

**REGISTRATION FORM**  
**Mississippi Association on**  
**Higher Education and Disability**  
**Spring 2010 Conference**

**“Serving with Technology and through Physical Accessibility”**  
**Eagle Ridge Conference Center**  
<http://eagleridge.hindscc.edu/>  
**Raymond, Mississippi**  
**April 30, 2010**



Please complete all sections of this form, referring to the included rate schedules to determine your fees for Conference Registration. Then submit **all pages** of your registration form with payment by mail, email or FAX to:

**Gail Muse**  
**Mississippi AHEAD Treasurer**  
**P.O. Box 5569**  
**Jackson, MS 39296-5569**  
**Email: gmuse@holmescc.edu**  
**FAX: 601-605-3411**

Not yet a member of MS-AHEAD? Become a member on Section 4 of this form and take advantage of discounted conference rates.

**Section 1: Personal Information**

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Institution/Agency:** \_\_\_\_\_  
**Address Line 1:** \_\_\_\_\_  
**Address Line 2:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_  
**E-mail Address (required):** \_\_\_\_\_  
**Telephone (required):** \_\_\_\_\_  
**TTY:** \_\_\_\_\_  
**Fax (required):** \_\_\_\_\_

**Registration confirmations will be provided via within 10 business days after receipt of your registration form.**

For a map and driving directions to Eagle Ridge Conference Center, go to:  
<http://eagleridge.hindscc.edu/Location.aspx>

Please check the following, if applicable:

I do NOT want to be listed in the conference attendee directory.

## Section 2: Access Service Information

Access Service requests must be received by MS-AHEAD no later than April 12th to guarantee availability.

Dietary Restrictions (please check any that apply)

- |                                               |                                                 |
|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Ova/Lacto Vegetarian | <input type="checkbox"/> Kosher                 |
| <input type="checkbox"/> Diabetic             | <input type="checkbox"/> Traditional Vegetarian |
| <input type="checkbox"/> Low Sodium           | <input type="checkbox"/> Vegan                  |
| <input type="checkbox"/> Halal                |                                                 |

Food Allergies (please list): \_\_\_\_\_

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### Programmatic Accommodations for Sessions

*(All listed services/media are provided for all sessions)*

I request the following:

- Sign language interpreter. Language preference if other than English:  
 Amplification system

I request accessible media in the following format (select one):

- E-text  
 Braille  
 Large Print

### Hotel Sleeping Room Accommodations

MS-AHEAD is not responsible for lodging. Individuals are fully responsible for making their own lodging arrangements, if they so choose, and for securing all necessary accommodations with the lodging provider of their choice.

The Conference Center at Eagle Ridge is offering guest rooms for conference attendees wishing to arrive on Thursday, April 29<sup>th</sup>. The conference room rate is:

<b>Single</b>	<b>Double</b>
<b>\$72/night</b>	<b>\$82/night</b>

Please note that the tax rate is 7%, and there is an additional charge of \$10/night/person for more than 2 people per room, with a maximum of 4 people allowed per room. Reservations may be made by calling Eagle Ridge at 601-857-7100. Cancellations must be received by no later than 3 business days prior to check-in.

### Section 3: Conference Registration

Please refer to the pricing grids below to determine your registration fees. Note that fees vary by **date of postmark/FAX** of your registration form, **your membership status**, and your. *Registration includes all sessions, refreshments, and lunch.*

By April 12, 2010		After April 12, 2010	
MS-AHEAD Members	Non-Members	MS-AHEAD Members	Non-Members
\$40	\$50	\$50	\$60

**Section 3 (Conference Registration) Subtotal: \$ \_\_\_\_\_**

### Section 4: Membership

MS-AHEAD's membership year runs from **July 1 – June 30**. If you are not a member of MS-AHEAD but you would like to become a member for the remainder of 2010 and register for the conference at the MS-AHEAD member Conference rates, please indicate that here. Please select your membership type below.

Institutional Membership – Granted to any post-secondary institution (4-year, 2-year or private). Allows up to five individuals from an institution to be members. Additional members from that institution may be added at an additional cost. Each member through an Institutional membership is entitled to one vote and is eligible to hold office. Annual Dues: \$100.00 (+\$10.00 per person over five)

**Additional Institutional Members:** On a separate sheet of paper, please provide the name and contact information required in Section 1 for any additional Institutional members from your institution. Please remember, there is a \$10.00 charge for each additional Institutional member above the five allowed by the Institutional membership. **All institutional members planning to attend the Fall Conference will need to submit individual conference registration forms.**

Professional Individual I Membership – Shall be any person actively working at a Mississippi post-secondary institution to enhance educational opportunities for students with disabilities, and whose institution chooses not to become an institutional member. Entitled to one vote and eligible to hold office. Annual Dues: \$25.00

Professional Individual II Membership – Shall be any individual working in a setting other than a post-secondary educational institution to enhance educational opportunities for people with disabilities. Entitled to one vote and not eligible to hold office. Annual Dues: \$30.00

Student Membership – Shall be any student interested in the field of disability services in higher education and/or participating in those services. Entitled to one vote and not eligible to hold office. Annual Dues: \$10.00

Advocate Membership – Shall be any person, not employed by a post-secondary institution or other disability-related agency, who has a sincere interest in supporting and advancing educational opportunities for people with disabilities. Entitled to one vote and not eligible to hold office. Annual Dues: \$10.00

Retired Membership – Shall be any individual who is retired from the profession of working to enhance educational opportunities for people with disabilities. Entitled to one vote and not eligible to hold office. Annual Dues: \$10.00

**Section 4 (Membership) Subtotal: \$ \_\_\_\_\_**

**Section 5: Total Amount Due**

Section 3 (Conference Registration) Subtotal \$ \_\_\_\_\_  
Section 4 (Membership) Subtotal \$ \_\_\_\_\_

**Total Amount Due** \$ \_\_\_\_\_

**Section 6: Method of Payment**

**Please check applicable form of payment.**

All registrations must be submitted with an acceptable form of payment. Fees are payable only in US Dollars. **All checks, money orders, and purchase orders should be made to *Mississippi AHEAD* and submitted to the MS-AHEAD representative listed on the first page of this form.** PLEASE NOTE: Registration via email or FAX requires a FAXed copy of your institutional purchase order.  
**MS-AHEAD FEIN: 61-1516503**

Personal Check Enclosed                      Check Number: \_\_\_\_\_  
 Institutional Check Enclosed                      Check Number: \_\_\_\_\_  
 Purchase Order Enclosed                      Purchase Order Number: \_\_\_\_\_  
 Money Order Enclosed                      Money Order Number: \_\_\_\_\_

**Cancellation Policy:** While MS-AHEAD realizes that unforeseen circumstances may cause an inability to attend the conference, MS-AHEAD's expenses are progressively committed several weeks in advance. Therefore, **absolutely no refunds will be issued for conference cancellations.** NOTE: Registration fees are fully transferable to another individual from the same institution by making such request in writing, to be received by MS-AHEAD not later than October 15, 2007. **This cancellation policy is not subject to appeal, change, or alteration.**

**For MS-AHEAD Official Use ONLY**

Total Amount Received: \_\_\_\_\_

Membership Status Confirmed:  yes  no

Registration Confirmation Sent:  email  mail  fax      Date: \_\_\_\_\_

Membership Materials forwarded to Membership Chair:  yes  no      Date: \_\_\_\_\_

Confirmed by: \_\_\_\_\_  
MS-AHEAD Treasurer