



SPECIAL EDUCATION TASKFORCE

www.nyspecialtaskforce.com

December 16, 2014

Dear Colleague:

We are delighted to invite you to promote your services and products at the **March 13, 2015, Special Education Task Force Advocacy Conference**. This conference typically attracts 150 parents, school staff, and professional service providers, with parents comprising more than half of the attendees.

This year's conference, will feature the expertise of advocates, school district personnel, community clinicians, and attorneys who will discuss a variety of topics with an emphasis on improving children's educational experience and access to community services and supports.

We hope you will take advantage of this special opportunity to let parents and professionals know about your organization and services and supports. We have limited spaces available, so reservations will be honored on a first come, first serve, basis. All vendors will be provided with one skirted table. Please note if you require access to an electrical outlet. We are asking that you **have your table set up no later than 8:15AM.**

Place: Century House, Latham NY

Date: March 13, 2015

Time: 8:00 – 4:00

**Fee: Non-Profit Organization \$65.00
For-Profit Organization: \$75.00**

Lunch will be included in the cost of your table for one person.

If you would like to purchase an additional lunch the cost is \$35.00 per person. Please see registration form.

ONLY 2 people per vendor table will be allowed.

Please reply by March 6, 2015, as vendor space is limited. We will return your check if space is unavailable. Please call me at **(518) 381-4370** if you have any questions.

Sincerely,

Tina Beauparlant

Tina Beauparlant

New York Special Education Task Force Advisory Board

REGISTRATION FORM

**Annual Special Education Conference
March 13, 2015
The Century House
Latham, NY**

Deadline is March 6, 2015. Register early to ensure a spot.

Please check as appropriate:

_____ \$65.00 Not for Profit

_____ \$75.00 for profit

_____ Additional breakfast & lunch at \$35.00 per person

_____ I will need a power outlet.

TOTAL ENCLOSED: _____

Make check payable to: Disability Rights New York.
Please PRINT

Name of Company: _____

Contact name: _____

Address: _____

Phone: _____ Email: _____

RETURN THIS FORM WITH PAYMENT TO:

Tina Beauparlant
Parent to Parent of NYS
500 Balltown Rd
Schenectady, NY 12304
(518) 381-4370