

2015 LISO Conference Registration Form
May 30-31, 2015
University of California, Santa Barbara

Last Name: _____ First Name: _____

Affiliation/Institution: _____

Please check one:

Student, postdoc, or temporary faculty (\$20) _____

Ladder faculty or other (\$50) _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____ Country: _____

E-mail address: _____

Which date(s)/event(s) do you plan to attend during the conference?

Saturday, May 30, 2015 _____ Sunday, May 31, 2015 _____

Saturday night dinner (included in registration price): _____

Do you have any dietary restrictions? _____

Do you need sign language interpretation services or other special services? If so, please specify: _____

Please note: Availability of services is contingent upon pre-registration and budget constraints.

How did you hear about the LISO Conference? _____

Mail completed form and check made out to "OSL LISO Conference" to:
Anthony Clairmont, LISO Treasurer
Department of Education
University of California, Santa Barbara, CA 93106-9490