



2019 Supporting Success Virtual Conference Purchase Order

Supporting Success is pleased to make available a rich educational event, with activities and discussion engagement opportunities, to enhance the practice of supporting the success of students with hearing loss.

Reasonable Conference Registration Options:

Fee per person; must pay for all registrations at one time. Only the following conference options are available.

Number of Reg.	Early Bird Reg. by Oct 15	Regular Reg. Oct 16-Nov 30	Late Reg. Dec 1- Jan 15
1-5 people (pricing per person)	<input type="radio"/> All Six Sessions \$124 pp <input type="radio"/> Pick Four Sessions \$99 pp <input type="radio"/> Pick Three Sessions \$84 pp <input type="radio"/> Pick Two Sessions \$69 pp	<input type="radio"/> All Six Sessions \$139 pp <input type="radio"/> Pick Four Sessions \$114 pp <input type="radio"/> Pick Three Sessions \$99 pp <input type="radio"/> Pick Two Sessions \$84 pp	<input type="radio"/> All Six Sessions \$150 pp <input type="radio"/> Pick Four Sessions \$125 pp <input type="radio"/> Pick Three Sessions \$110 pp <input type="radio"/> Pick Two Sessions \$95 pp
6+ people (pricing per person)	<input type="radio"/> All Six Sessions \$109 pp <input type="radio"/> Pick Four Sessions \$84 pp <input type="radio"/> Pick Three Sessions \$69 pp <input type="radio"/> Pick Two Sessions \$54 pp	<input type="radio"/> All Six Sessions \$124 pp <input type="radio"/> Pick Four Sessions \$99 pp <input type="radio"/> Pick Three Sessions \$84 pp <input type="radio"/> Pick Two Sessions \$69 pp	<input type="radio"/> All Six Sessions \$139 pp <input type="radio"/> Pick Four Sessions \$114 pp <input type="radio"/> Pick Three Sessions \$99 pp <input type="radio"/> Pick Two Sessions \$84 pp

PAYMENT BY PURCHASE ORDER OR CHECK. Fax PO to 480-393-4331 or send check to Supporting Success for Children with Hearing Loss, 15619 Premier Drive, Suite 101, Tampa, FL 33624. Must be received/postmarked prior to registration deadline for early bird or regular rate to apply. All POs and checks MUST have the completed registration form included.

Total to be invoiced for Conference Registration: \$ _____ payable in USD only.

I/We may be interested in having the Virtual Conference repeated Oct/Nov 2019. Email: _____

Virtual Conference DEALS to support learning – add to your registration by indicating selection desired:

Topic 1: Building Skills for Success in the Fast-Paced Classroom - \$79, regular price \$89 (printed)

Steps to Assessment - \$40, regular price \$50 (printed)

Topic 2: Steps to Success - \$45, regular price \$50 (printed)

Topic 3: Building Skills for Independence - \$35 digital for individual or \$140 for district digital license for 8 teachers

Recorded FLE Using Sentences - \$15 digital for individuals or \$90 for unlimited district digital license

Topic 4: WORDS - \$28, regular price \$31 (printed)

Topic 5: SCRIPT 2nd Ed - \$24 digital for individuals, regular price \$36, or \$100 for district digital license for 8 teachers

Topic 6: Advocacy in Action - \$45, regular price \$52 (printed) COACH - \$43, regular price \$48 (printed)

Amount to purchase DEALS to be added to invoiced registration cost: _____ payable in USD only

REQUIRED FOR INVOICING Virtual Conference Deals:

Purchaser: _____

Ship to name: _____ **Email:** _____

Ship to address: _____

If your school requires purchase of group registration with a credit card, rather than a PO that will be invoiced later, contact Mary at accounting@successforkidswithhearingloss.com to arrange to provide a card number by phone. You must still submit the information on the following form to register. Alternately, you can write in the complete credit card information on the form and submit it via our secure fax. Include an email address for any potential payment questions.



2019 Supporting Success Virtual Conference

Required Participant Registration Form

Purchasing Entity (i.e., district) _____

Number of Sessions Purchased Per Person (circle one) 6 sessions 4 sessions 3 sessions 2 sessions

Date PO or Check emailed/postmarked _____

Complete the following information for each registrant. Viewing set-up relies on this information.

Role specify: DHHT, SLP, SpEdT, Prog Coord, Parent, Other.

Sessions specify: ALL or Session number 1, 2, 3, 4, 5, 6

	Last Name	First Name	Email Address (REQUIRED)	Role	Sessions
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Submit the purchase page for invoicing and this registration page to the following by the deadline specified for your registration period (early bird, regular, or late registration) to:
 FAX: 480-393-4331 or MAIL: 15619 Premier Drive, Suite 101, Tampa, FL 33624 or
 EMAIL POs to: Orders@SuccessforKidswithHearingLoss.com