



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:

Register Online at: <https://sschl-virtual-conference.mykajabi.com/>

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

Number of Reg.	Late Reg. Dec 1- Jan 15
1-5 people (pricing per person)	<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 \$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: _____

REQUIRED FOR INVOICING Virtual Conference Deals:

Purchaser: _____

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

Ship to address: _____

Ordering questions? Contact orders@successforkidswithhearingloss.com



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