

**Space Science the Special Way (with a little twist from Assistive Technology)**

Thursday and Friday, February 12 &amp; 13, 2004

8:00 a.m. – 4:00 p.m.

Science Museum of Virginia  
Richmond, VA**Registration Form****PLEASE PRINT**Name: \_\_\_\_\_ Male  Female   
Last First**Position:**

<input type="checkbox"/> Teacher, General Ed	<input type="checkbox"/> Science Teacher	<input type="checkbox"/> Technology Specialist	<input type="checkbox"/> Human Services Agency Staff
<input type="checkbox"/> Teacher, Special Ed	<input type="checkbox"/> Science Specialist	<input type="checkbox"/> Assistive Tech Specialist	<input type="checkbox"/> VA Department of Education
<input type="checkbox"/> Administrator, General Ed	<input type="checkbox"/> University Student	<input type="checkbox"/> Informal Science Staff	<input type="checkbox"/> Parent
<input type="checkbox"/> Administrator, Special Ed	<input type="checkbox"/> University Professor	<input type="checkbox"/> NASA Staff	<input type="checkbox"/> Other: _____

School/Program and County You Represent: \_\_\_\_\_

School/Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Minority Status \_\_\_\_\_  
(If applicable)

School/Program Phone #: \_\_\_\_\_ TTY: Y N School/Program FAX #: \_\_\_\_\_

E-Mail Address (if applicable): \_\_\_\_\_

**Program Affiliation (check all that apply):**

<input type="checkbox"/> General Education	<input type="checkbox"/> Home School	<input type="checkbox"/> Other: _____
<input type="checkbox"/> School Age Special Ed	<input type="checkbox"/> University Program	
<input type="checkbox"/> Government Agency	<input type="checkbox"/> State Operated Program	

**Disability Area that you serve (check all that apply):**

<input type="checkbox"/> Blind/Visually Impaired	<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Inclusion	

\_\_\_\_ Check here if you are a Conference Speaker/Presenter SSN (if Speaker/Presenter) \_\_\_\_\_

**Registration**The registration fee of \$95 must accompany this registration form by **January 28, 2004**, the registration deadline. This fee covers the cost of food and materials. Seating is limited to 250. First come, first registered. Please make payment to VSGC and mail to: Barbara Proctor, VSGC, 600 Butler Farm Rd, Hampton, VA 23666, Tel # 757-766-5210 V.**Payment**

Check  
 Money order  
 Purchase Order

**Lunch** (Please check if applicable)

Vegetarian Meal is requested  
 Other Special Dietary Needs: \_\_\_\_\_

\* If you are a person with a disability and require any auxiliary aides, services, or other accommodations, please contact Gail Henrich, VSDBMH, 700 Shell Road, Hampton, VA 23661  
757-247-2283 V; 1-800-666-0041 V; 757-247-2058 V/TTY; or ghenrich@vsdbmh.org

**Lodging and Transportation**

Participants are responsible for all lodging and transportation costs. Overnight accommodations are to be made directly with Holiday Inn Central, the Conference Hotel. Mention that you are with the VSGC Space Science the Special Way Conference for the \$69 + tax per night group rate. Rooms will be guaranteed at this rate until January 20, 2004. Holiday Inn Central is an ADA compliant hotel. Please request specific accommodations directly from the hotel. Holiday Inn Central, 3207 North Blvd, Richmond, VA. Phone: 1-804-359-9441 V

**Confirmation**

Directions and additional information will be mailed with your confirmation notice.

**Conference Sponsored by  
VIRGINIA SCHOOL FOR THE DEAF, BLIND AND MULTI-DISABLED-HAMPTON**

**VIRGINIA SPACE GRANT CONSORTIUM**