


Registration Information

1. Please fill out the attached form and return BY February 24, 2018 to:
Sandra Faulkner / Shriver Clinical Services Corporation
Wrentham Developmental Center, PO Box 144
Wrentham, MA 02093
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2. For questions regarding Registration, please contact Sandra:
Sandra.M.Faulkner@massmail.state.ma.us or phone 508-384-5679.
 3. Please make check payable to: **Shriver Clinical Services Corporation**
 4. Refunds: We regret that refunds cannot be given after February 15th 2017, unless by notification from us to you that your check (# and amount) will be returned to you. This refund protocol will also be used if conference capacity is reached at the time we receive your registration and payment.
 5. Continuing Education Information:
Application for 4 hours of Continuing Education has been submitted to:
Academy for Certification of Vision Rehab. & Education Prof. (**ACVREP**)
Commission on Rehabilitation Counselor Certification (**CRC**)
An application has been made for 4 **CECs** for Social Workers.
MA Board of Registration in Nursing: 4 contact hours will be granted.
Questions: EKing@massmail.state.ma.us
NECO/NEEI has applied for 4 hours of **MA CE** approved credits.
Questions: Barry S. Kran, O.D.: Kranb@neco.edu
Perkins Training Center will award 5 Professional Development Points (**PDPs**)
Questions: Teresa.Pagliuca@Perkins.org
Please indicate your choice of CEUs on the registration form.
 6. Scholarships are available for individuals with intellectual disability and their families (priority given for the Southeast Region).
Information: Dianne.Rodrigues@massmail.state.ma.us
 7. Reduced room rates of \$115.00 per night, exclusive of taxes, will be available at the Four Points by Sheraton, Norwood, phone: 781-769-7900. Please mention Shriver Clinical. Rooms at this rate are held until February 7, 2018 and subject to availability.
 8. This Registration Brochure and Form can be downloaded from the "Training" section of DDS Vision Loss website: www.mass.gov/dds/visionloss and from the "Perkins Training Center Schedule" on the Perkins website: www.perkinselearning.org/events-monthly
 9. Questions please contact: Lisa.DiBonaventura@state.ma.us or 508-384-5539.

Please Register Early!!!

Registration Form

Please return this form by February 24, 2018

Register early if you can!

"Focus" On Vision Impairment & Blindness

Wednesday March 14, 2018 - Four Points by Sheraton, Norwood, Massachusetts

Name: _____

Agency Name: _____

Address: _____

Email: _____

Phone: _____

Can we share your contact information with sponsors? Yes ___ No ___

Lunch Choice: If no choice is indicated, the Vegan lunch will be ordered.

- ___ **Grilled Chicken Breast:** topped with ratatouille (onion, eggplant, zucchini, tomato, basil, garlic and spices). Served with seasonal vegetables and roasted potatoes.

OR

- ___ **Spaghetti Squash:** with lentil polenta topped with tomato, basil, and garlic **(Vegan & Gluten Free)**.

Special Accommodations Needed*: _____

*** For Interpreting Services, please let us know by February 10, 2018**

Concurrent Session Selection: Circle the letter of the 3 you plan to attend.

10:00 - 11:00	11:15 - 12:15	2:00 - 3:00
A B C D E	A B C D E	A B C D

Please circle the type(s) of CE you will be requesting:

ACVREP

CRC

CEC

Nursing CEU

MA CE

PDP

Conference Rate with Lunch:

General Admittance postmarked by 1/31/18:	General Admittance postmarked after 1/31/18	Physician (MD, DO, OD)
\$55.00	\$65.00	\$110.00

Check enclosed: yes ___ no/reason why _____ **Amount:** _____

Please make check payable to: **Shriver Clinical Services Corporation** and mail along with this form to: Sandra Faulkner / Shriver Clinical Services
Wrentham Developmental Center, PO Box 144, Wrentham, MA 02093

Thank you for your support!