

ACCESSING ALLIANCES: DISABILITY STUDIES ACROSS THE CURRICULUM

February 22-23, 2007

PERSONAL INFORMATION

FIRST NAME _____ LAST NAME _____

INSTITUTION OR AFFILIATION _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____ TELEPHONE _____

TTY _____ FAX _____

ACCOMMODATIONS

I request the following (check all that apply):

SIGN LANGUAGE INTERPRETER

E-TEXT

BRAILLE

LARGE PRINT

REGISTRATION FEE

\$25/STUDENT

\$75/PROFESSIONAL \$50/GW PROFESSIONAL

\$ _____ AMOUNT ENCLOSED

Please make payment to: THE GEORGE WASHINGTON UNIVERSITY

Please forward completed registration form
and payment by February 12, 2007 to:

**DISABILITY SUPPORT SERVICES
THE GEORGE WASHINGTON UNIVERSITY**

**Marvin Center 242
800 21st Street, NW
Washington, DC 20052
Phone: 202.994.8250
Fax: 202.994.7610**

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