



**Professional Development Day
Tuesday 29 September 2009
UTS City Campus, Jones Street
Building CB10, Rooms 02.460 /02.470**

**Disability Education
Association NSW /ACT Inc.**

Registration Form/Invoice

Members: \$25 | Non-members \$35

ABN 59 884 972 977

Please RSVP by returning this form by email/fax/mail before Wednesday 23rd September 2009.

Personal Details:

Name: _____

Position: _____

Organisation: _____

Address: _____

Telephone: _____ **Mobile:** _____

Email: _____

Special Dietary requirements: _____

DEAN Member: Member Non-Member

Please tick if you require any of the following:

Please note: It is necessary to provide at least **one week's notice** in order for the following accommodations to be put in place (14 days notice for interpreters and electronic format), otherwise it cannot be guaranteed that adjustments can be organised in time for the PD Day.

- Large Print
 - Electronic Format - notice of 14 days is required
 - Signing Interpreter - notice of 14 days is required
 - FM Hearing Loop
 - Accessible Parking (RTA Disability Permit required)
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Payment Methods:

Cheque

Make cheques out to **DISABILITY EDUCATION ASSOCIATION Inc.** and post to:
DEAN Inc, PO Box 1045, Meadowbank, NSW 2114

Cash

Cheques and Cash may be presented to the DEAN Treasurer at the DEAN PD Day.

Further information or enquiries related to registration:

Reshad Heckbarally, National Disability Co-ordination Officer

Phone: 8878 0511

Fax: 9807 7053

Email ndco@med.usyd.edu.au