



**Technology For Special Education** - \$200 per person

Date: January 19 - 20, 2012

Location: Children's Care Hospital & School

2501 W. 26th Street, Sioux Falls, SD 57105

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Title & Credentials: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_

Send registration, including payment to Children's Care University 2501 West 26th Street Sioux Falls, SD 57105.  
Checks should be made payable to Children's Care. Participants will be notified by email of their registration status.