

SCHEDULE OF EVENTS

8:00 A.M.

Registration and Exhibits

Continental Breakfast

9:00 A.M.

Welcome

Eugenie W. Flaherty, Ph.D., PBIDA President

Janet L. Hoopes Award Presentation

9:15 A.M.

Keynote Address

Louisa C. Moats, Ed.D.

10:45 A.M.

Exhibits, Coffee

11:15 A.M. – 12:45 P.M.

Morning break-out sessions

12:45 P.M. – 2:00 P.M.

Lunch

2:00 P.M. – 3:30 P.M.

Afternoon break-out sessions

Exhibits close

3:30 P.M.

All CE cards and Evaluation Forms Returned from ALL Sessions

DIRECTIONS/HOTEL

The PBIDA's 32nd Annual Fall Conference will be held at the Academy In Manayunk (AIM) Upper School, 119 Rector Street, Philadelphia, PA 19127. PARKING IS VERY LIMITED. Please consider carpooling or taking SEPTA's Norristown Line R-6 train. AIM is a four block walk from the Manayunk station. Save your ticket stubs - special raffle for October 8, 2010 SEPTA riders! Driving directions may be found by visiting www.aimpa.org.

HOTEL: A limited numbers of rooms have been held at a discounted rate for PBIDA conference attendees and exhibitors at the Crowne Plaza, City Line, Philadelphia. Call the hotel directly at (877)270-1409 or (215)477-0200.

REGISTER TODAY

PBIDA's 32nd Annual Fall Conference

Online registration: www.pbida.org

Or mail this form with payment to:

PBIDA

1062 Lancaster Avenue, #15A, Rosemont, PA 19010

Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Professional Affiliation _____

PDE Professional Personnel ID # (no Soc. Sec. #) _____

IDA membership # _____

APA membership # _____

Session Selections: AM - _____ PM - _____

Category	By 09/08	After 09/08
IDA Member	\$125	\$145
Non-Member	155	175
Groups (10 or more)	110	120
Groups (20 or more)	105	120
Volunteers	40	40
FT Grad Students (Student ID required)	50	50

Conference Fee: \$ _____

CE Credits:

Act 48 (\$15.00) \$ _____

APA (\$22.50) \$ _____

ASHA (\$25.00) \$ _____

Donation for Conference Scholarships:
Help Others Attend! \$ _____

TOTAL DUE \$ _____

Method of Payment:

Check to PBIDA enclosed

P.O. # (copy attached) _____

VISA MASTERCARD

Credit Card Number _____ Exp. Date _____

Name on Card (Please Print) _____

Authorized Signature _____