

CREATE YOUR OWN PURCHASE ORDER/INVOICE

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Ordered from **DAIS** (Disability Access Information and Support)

Invoice #: _____

(You may choose an invoice number or leave blank)

Winter, 2009 ONLINE PROFESSIONAL DEVELOPMENT DAIS

_____ **February 3-February 10**

Back-to-Basics: What IS the Accommodation and WHY Am I Making It?

_____ **February 10-February 17**

Developing Appropriate (and Legally Defensible) Technical Standards

_____ **February 24- March 6**

Understanding the Legal Mandates Without Being an Attorney

Pricing:

You may sign up for any one of these workshops, or your choice of two, or all three workshops. The pricing is based on a purchase by an institution, so if you would like to sign up three different people, one of each of the workshops, please indicate who will be participating in which workshop on the Purchase information that follows. If you are interested in multiple participants from a single institution participating in one of these workshops, please contact Jane Jarrow directly at JaneJarrow@aol.com for information on special pricing.

1st workshop registration - \$175

2nd workshop registration - \$175

3rd workshop registration - \$150

AMOUNT DUE: _____

**10% discount for members of AHEAD or WAPED
(only one discount may be applied)**

(Revised) AMOUNT DUE (after discount, if appropriate) _____

PURCHASE INFORMATION:

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Institution: _____

Payment by:

Institutional check _____ Institutional credit card _____

Personal check/credit card _____

Checks should be made out to:

DAIS is a sole proprietorship. The Tax ID # associated with any registration/payment is 348-38-2091.

DAIS

(Disability Access Information and Support)

and mailed to:

**2938 Northwest Blvd.
Columbus, OH 43221-0192**

(If you wish to FAX a copy of the order to DAIS in order to assure your order for toolkit/ classes, to be followed by institutional payment, the FAX number is 270-477-9450)

CREDIT CARD OPTION

You can now pay for your purchase/tuition by credit card, using Mastercard or Visa (Print out, fill out, then FAX or mail the registration information above AND the Credit Card form, PAGE 3)

PLEASE NOTE: The acknowledgement of your registration will be sent by email to the address shown above. If you have not received such acknowledgement prior to 2 weeks before your first date of attendance, please contact Jane Jarrow at JaneJarrow@aol.com.

CREDIT CARD PAYMENT INFORMATION

Name of Registrant _____

Institution _____

E-Mail: _____

Street Address _____

City, State/Province _____

Zip+4/Postal Code _____

Telephone _____

Text Telephone? Yes ____ No ____

Total Amount Owed: _____

Credit Card Type: ____ MC ____ Visa

Card Account Number: _____

Exp. Date (required) _____

Card Holder's Signature:
(required) _____

Card Holder's Name as it appears on card:

FAX (270) 477-9450

or

MAIL to:

DAIS
2938 Northwest Blvd.
Columbus, OH 43221
(270) 477-9450 (FAX)
(614) 481-9450 (V/T)

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