

**The Manitoba Council for Exceptional Children Conference 2010**  
**February 18 & 19, 2010**  
**The Victoria Inn – Winnipeg, Manitoba**

**Early Bird Registration:** Registrations postmarked by **December 18, 2009** will receive 10% off of the registration fees or 10% off group rate for 15 or more registrants. Payment must be on one cheque.

**Pre-Registration Deadline:** February 5, 2010. Registrations postmarked after February 5 will be considered an on-site registration and will be charged a \$25 surcharge.

**To Register by FAX:** (204) 275-6299. MasterCard payments accepted. Sorry, Visa is not accepted. Cheques are payable: MCEC Conference 2010. **Mail Registrations with payment to:** MCEC Conference 2010, c/o 245 Le Maire Street, Wpg., MB. R3V 1M2

Your cancelled cheque or MasterCard statement is your assurance that you are registered. **A receipt will be in your conference package.** For confirmation prior to the Conference, send a stamped, self-addressed envelope with your registration form.

On-site registration begins at 8:00 a.m. **A \$25 surcharge will be added to each on-site registration.**

**Refunds will not be issued except due to illness. Requests must be submitted in writing no later than March 26<sup>th</sup>, 2010, and include the necessary documentation.**

Professional	Member	Non-Member
Thurs / Fri	\$160.00	\$215.00
One Day	\$110.00	\$140.00
Half Day	\$70.00	\$95.00
Para/Student/Parent	Member	Non-Member
Thurs / Fri	\$80.00	\$120.00
One Day	\$60.00	\$75.00
Half Day	\$45.00	\$55.00

**Conference Fees 2010**

Please select preferred sessions. Indicate by Session Number from brochure. **Please print clearly.**  
**Substitutions:** If requested sessions are full, the Conference Committee reserves the right to substitute alternate sessions.

**Thursday, February 18, 2010**

9:00 – 10:15 a.m.  
**Opening Address & Plenary**  
**Keynotes** 10:30 – 11:45 a.m.  
 \_\_\_\_\_ / \_\_\_\_\_  
 1<sup>st</sup> Choice / 2<sup>nd</sup> Choice  
**Mini-Session** 1:00 - 3:30 p.m.  
 \_\_\_\_\_ / \_\_\_\_\_  
 1<sup>st</sup> Choice / 2<sup>nd</sup> Choice

**Friday, February 19, 2010**

9:00 – 10:15 a.m.  
**Opening Address & Plenary**  
**Keynotes** 10:30 – 11:45 a.m.  
 \_\_\_\_\_ / \_\_\_\_\_  
 1<sup>st</sup> Choice / 2<sup>nd</sup> Choice  
**Mini-Session** 1:00 - 3:30 p.m.  
 \_\_\_\_\_ / \_\_\_\_\_  
 1<sup>st</sup> Choice / 2<sup>nd</sup> Choice

**Name:** \_\_\_\_\_  
 (First Name) (Last Name)

**Address:** \_\_\_\_\_  
 (Street or Box)

\_\_\_\_\_  
 (City/Town) (Province) (Postal Code)

**Phone:** \_\_\_\_\_  
 (Home) (Work) (Cell)

**School Division or Employer:** \_\_\_\_\_

**CEC Membership Number:** \_\_\_\_\_

**Lunch Option**

For \$17.50 per day, conference participants may choose to order lunch. Lunches include: rolls, coffee, tea and dessert.

**Thursday:** Penne Pasta with Garlic Bread

**Friday:** Quiche with a side salad & vegetables

MCEC Members will receive lunch at **No Charge**, however, you **must** include your CEC ID # on this registration to be eligible.

Please indicate your choice(s):

Lunch on Thursday - \$17.50

Lunch on Friday - \$17.50

CEC ID#: \_\_\_\_\_

**Total:** \_\_\_\_\_

**Please include this amount with your registration fee. Thank you.**

**Special Education Certificate Credit**

To receive credit for the above, participants **MUST** attend **all** of the following sessions: **Thursday:** Plenary, T1 & T3 **and Friday:** Plenary, F1 & F3

**Special Education Certificate** (Please check if you want this credit)

**Administrator's Level 1 or 2 Certificate Credit**

To receive credit for the above, participants **MUST** attend **all** of the following sessions: **Thursday:** Plenary, T1 & T3 **and Friday:** Plenary, F1 & F3

**Administrator's Certificate** (Please check if you want this credit.)

**MAIL REGISTRATION FORM AND PAYMENT TO:**

**MCEC – CONFERENCE 2010**  
 c/o 245 Le Maire Street  
 Winnipeg, MB. R3V 1M2

Questions regarding registration?  
 Phone: Barb @ (204) 275-5048 or  
 Email: [bmetro@srsd.ca](mailto:bmetro@srsd.ca)

**REGISTRATION FEES**

Total Enclosed: \$ \_\_\_\_\_

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Registration #: \_\_\_\_\_

Payment by Cheque #: \_\_\_\_\_

M/C AUTH. # \_\_\_\_\_

Receipt #: \_\_\_\_\_

**FOR MASTERCARD PAYMENT**

\_\_\_\_\_  
 Name on MasterCard

\_\_\_\_\_  
 Card No.

\_\_\_\_\_  
 Expiry Date                      Signature