

Lorain County Special Needs Resource Day: Day of Discovery

Registration form for Afternoon Professional Educational Sessions

***Please send your completed
forms to
LCSNRD@yahoo.com, or fax
to 216-875-1950***



Agency/School/Business: _____

Contact Person: _____

Preferred Name (for nametag) _____

Position/Title: _____

Address: _____

City, State ZIP: _____

Email Address: _____

Website: _____

Phone: _____

Cell (optional): _____

Will you be looking to earn
CEUs?

If Yes, please indicate for
which area

Social Work
Education/Teaching

Would you like your information included on a list of resources? Yes No