

It's 504 Shore! By the



Section 504: The Basics and Beyond!

The First Annual 504 Conference with Julie Weatherly

Section 504: The Basics and Beyond

Topics will include:

- Making defensible disability and 504 Plan determinations
- Responding to challenging parent requests under Section 504
- Addressing issues involving Health Care Plans, Service Animals, Students with Mental Health Issues and Disability Discrimination
- Recent OCR guidance and findings

This Conference will provide vital information for District & Local 504 Coordinators, School Administrators, Teachers, Counselors, School Psychologists and Central Office Administrators.



Registration: 8:30 A.M. - 9:00 A.M. (Continental breakfast provided)

Conference: 9:00 A.M. - 12:00 P.M. Lunch Break: 12:00 P.M. - 1:00 P.M.

(Lunch provided)

Conference: 1:00 P.M. - 3:30 P.M.

The Alabama 504 Conference will be held at on Thursday					
4671 Wharf Parkway ◆ Orang	ge Beach, AL 🌢	36561 ◆	251-981-6629 Register 2		
onference Tuition: Includes program, written materials, breakfast & lunch)	E Beach, AL ◆ 36561 ◆ 251-981-6629 Total No. of Attendees: Outlow Total:				
Single Registrant - \$275.00 Per Registrant	Order Total:	<u> </u>			
Three or More - \$250.00 Per Registrant	Method of Payment:		☐ Check enclosed payable to Resolutions in Special Education ,		
(All Registrants Must be from Same Agency or Organization to Receive the Discounted Rate)	Credit Card Processing F		<u> </u>		
Registration will be confi	DEALaw@aol irmed upon rece Call 251-607-73	ipt of payn	nent		
Name:	Ti	tle:			
Organization / School District:	I				
Street Address:					
City: State:		Z	Zip:		
Phone: ()	Fax: ()			
E-mail Address:	•				
Send Confirmation to: Mailing Address	☐ E-mail	Address			

Credit Card Payments

for The 504 Conference with Julie Weatherly

• If you wish to pay with a Credit Card:

If you wish to pay via Credit Card, please notify us via telephone or email. You will be sent a PayPal Invoice which will include all charges and fees for the Registration Payment. Follow the link on the invoice and complete payment process.

You will receive a paid invoice as a receipt.

• Questions? Email questions to IDEALaw@aol.com or call 251-607-7377

www.specialresolutions.com

Dietary Restrictions and Food Allergies

for The 504 Conference with Julie Weatherly

If you have any Dietary Restrictions or Food Allergies, please notify RISE in writing via email at: **IDEALaw@aol.com** or by fax: **251-607-7288**

or by mail:

Resolutions in Special Education, Inc. 6420 Tokeneak Trail • Mobile, AL • 36695

Directions and Policies

for The 504 Conference with Julie Weatherly

• **Directions** to the Conference site (The Orange Beach Event Center at The Wharf) are available at:

www.specialresolutions.com

or on the Conference Center's website at: **www.orangebeachal.gov/facilities/event-center/about** or by email at: **IDEALaw@aol.com**.

- Cancellation Policy: Cancellations made in writing on or before August 13, 2018 will receive a refund, less a \$25 administration fee. Any cancellations after August 13, 2018 will not be refunded. Any "no-show" registrations will not be refunded, although substitutions are allowed. If paying via Credit Card, any Credit Card fees will not be refunded unless RISE cancels the Conference. RISE reserves the right to cancel the Conference due to lack of registration. In this case, RISE will refund the total amount of the Conference tuition.
- Questions? Email questions to **IDEALaw@aol.com** or call **251-607-7377**

www.specialresolutions.com



504 Conference Additional Registrations Form

Name:	e: Title:							
Organization / School District:								
Street Address:								
City:	State:			Zip:				
Phone: ()		Fax: ()					
E-mail Address:								
Send Confirmation to: Mailing Address E-mail Address								
Name:	Title:							
Organization / School District:								
Street Address:								
City:	State:			Zip:				
Phone: ()		Fax: ()					
E-mail Address:								
Send Confirmation to: ☐ Mailing Address ☐ E-mail Address								
Name:	Title:							
Organization / School District:								
Street Address:								
City:	State:			Zip:				
Phone: ()		Fax: ()					
E-mail Address:								
Send Confirmation to: Mailing A	ddress	☐ E-mail Address						
		ī						
Name:		Title:						
Organization / School District:								
Street Address:								
City:	State:			Zip:				
Phone: ()		Fax: ()						
E-mail Address:								
Send Confirmation to: ☐ Mailing Address ☐ E-mail Address								