



It's 504 Somewhere



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 Florida 504 Conference will be held at the Florida FFA Leadership and Training Center on Wednesday February 28, 2018

5000 Firetower Rd ♦ Haines City, FL ♦ 33844 ♦ 863-439-7332

Register 3 or more and Save!

Conference Tuition:

(Includes program, written materials, breakfast & lunch)

- Single Registrant - \$275.00 *Per Registrant*
- Three or More - \$250.00 *Per Registrant*

(All Registrants Must be from Same Agency or Organization to Receive the Discounted Rate)

Total No. of Attendees:

Order Total: _____

Method of Payment: Check enclosed payable to Resolutions in Special Education
 Bill Me (Purchase Order enclosed)

Four Easy Ways to Register!

(1) Mail: Resolutions in Special Education • 6420 Tokeneak Trail • Mobile, AL 36695 **(2) Fax:** 251-607-7288

(3) E-mail: IDEALaw@aol.com **(4) Phone:** 251-607-7377

Registration will be confirmed upon receipt of payment

Name:		Title:	
Organization / School District:			
Street Address:			
City:	State:	Zip:	
Phone: ()		Fax: ()	
E-mail Address:			
Send Confirmation to:	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> E-mail Address	



504 Conference Multiple Registration Form

Name:		Title:	
Organization / School District:			
Street Address:			
City:		State:	Zip:
Phone: ()		Fax: ()	
E-mail Address:			
Send Confirmation to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> E-mail Address			

Name:		Title:	
Organization / School District:			
Street Address:			
City:		State:	Zip:
Phone: ()		Fax: ()	
E-mail Address:			
Send Confirmation to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> E-mail Address			

Name:		Title:	
Organization / School District:			
Street Address:			
City:		State:	Zip:
Phone: ()		Fax: ()	
E-mail Address:			
Send Confirmation to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> E-mail Address			

Name:		Title:	
Organization / School District:			
Street Address:			
City:		State:	Zip:
Phone: ()		Fax: ()	
E-mail Address:			
Send Confirmation to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> E-mail Address			