



*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 Georgia 504 Conference will be held at the Macon Marriott City Center  
on Thursday March 1, 2018**

240 Coliseum Drive ♦ Macon, GA ♦ 31217 ♦ 478-621-5300

**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:                 |  |   |  |
| <b>Send Confirmation to:</b>    | <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:   |        |               |  |
| <b>Send Confirmation to:</b> <input type="checkbox"/> <b>Mailing Address</b> <input type="checkbox"/> <b>E-mail Address</b> |        |               |  |

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

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

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