

2005 UTAH AUGMENTATIVE CONFERENCE

Thursday February 10th and Friday February 11th, 2005

At the Davis Conference Center, 759 West Heritage Park Blvd., Layton, UT 84041,
and Hilton Garden Inn, 750 West Heritage Park Blvd, Phone 801-416-8899 or 1-800-HILTONS

The 2005 Utah Augmentative Conference is sponsored by the Utah State Office of Education and the Utah Augmentative Alternative Assistive Communication and Technology Teams (UAAACT). Keynote speakers will include Emily Rubin of Communication Crossroads, and Dr. Susan Johnston of the University of Utah. Other sessions will be presented by UAAACT teams, assistive technology experts, and vendors who develop and sell technology tools.

There is no fee for Utah residents to attend the conference, but registration is limited to the first 325 individuals who mail in or fax the registration form. Conference participants may choose to register for one semester credit hour from the University of Utah on Thursday morning, February 10th, at the conference registration table. The registration fee for university credit will be approximately \$60.00 at your own expense. Relicensure credit will also be offered at the conference.

Conference registration and a continental breakfast will begin at 7:45 a.m. on Thursday, February 10th and the conference will conclude at 1:30 p.m. on Friday, February 11th. A confirmation notice will be mailed to conference participants who register by January 21st. If you will be staying at the Hilton Garden Inn, please call the phone number above to reserve a room at the special conference rate of \$63.00 per night, double or single occupancy. You must reserve your room by January 26, 2005 to get the conference rate.

To register for the conference, please complete the form below and mail or fax to:

The Computer Center for Citizens With Disabilities (CCCD)

Attn: UAAACT Conference

1595 West 500 South

FAX: 801-887-9382

Salt Lake City, UT 84104

For more information call 887-9380 or 888-866-5550 - toll free in Utah

2005 Utah Augmentative Conference Registration Form

Please print neatly as this information will be used to mail your conference confirmation notice.

Name _____
Address _____
City, State ZIP _____
Daytime phone _____

Please mark all that apply:

_____ I am a UAAACT Team member and plan to attend the Thursday evening UAAACT dinner.(no cost to UAAACT Members).

_____ I need a vegetarian meal for the Thursday evening Dinner (UAAACT Team members only).

_____ I am a UAAACT Team member and plan to attend the Friday luncheon and prize drawing (no cost to UAAACT Members).

_____ I am not a UAAACT Team member and plan to attend the Friday luncheon and prize drawing (Please enclose a check for \$12 payable to the University of Utah for your lunch).

_____ I do not plan to attend the Friday luncheon but realize I will miss the drawing of vendor products to be given away at the conclusion of the conference.

_____ I need a vegetarian meal for the Friday luncheon.

_____ I need accommodations (sign language interpreter, large print program, etc.) to fully enjoy and participate in the conference. Please specify _____