

**CREATE YOUR OWN PURCHASE ORDER/INVOICE**

!\*\*\*Print This Page\*\*\*

REGISTRANT'S NAME \_\_\_\_\_

*(please include full contact information from page 2)*

Ordered from DAIS (Disability Access Information and Support)

Invoice #: \_\_\_\_\_ (You may choose an invoice number or leave blank)

FALL, 2008 PROFESSIONAL DEVELOPMENT Workshops from DAIS

Two (2) workshops for \$350 (\$175/each); \$150 for 3rd workshop)

\_\_\_\_\_ Oct. 1 Back-to-Basics: What IS the Accommodation and WHY Am I Making It?

\_\_\_\_\_ Oct. 2 Developing Appropriate (and Legally Defensible) Technical Standards

\_\_\_\_\_ Oct. 3 Understanding the Legal Mandates Without Being an Attorney

\_\_\_\_\_ Oct. 4 Back-to-Basics: What IS the Accommodation and WHY Am I Making It?

\_\_\_\_\_ Oct. 5 Developing Appropriate (and Legally Defensible) Technical Standards

AMOUNT DUE:

\_\_\_\_\_

\_\_\_\_\_ October 14-17 Community College Boot Camp (\$2500 all inclusive)

AMOUNT DUE:

\_\_\_\_\_

10% discount for members of AHEAD, WAPED, or TX-AHEAD; 20% discount for those with coupons from AHEAD, 2008 (only one discount may be applied)  
(Revised)

AMOUNT DUE (after discount, if appropriate)

\_\_\_\_\_

## **PURCHASE INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Institution: \_\_\_\_\_

Payment by:

Institutional check \_\_\_\_\_ Institutional credit card \_\_\_\_\_

Personal check/credit card \_\_\_\_\_

Checks should be made out to:

DAIS is a sole proprietorship. The Tax ID # associated with any registration/payment is 348-38-2091.

### **DAIS**

(Disability Access Information and Support)

and mailed to:

**2938 Northwest Blvd.**

**Columbus, OH 43221-0192**

(If you wish to FAX a copy of the order to DAIS in order to assure your order for toolkit/ classes, to be followed by institutional payment, the FAX number is 270-477-9450 )

### **CREDIT CARD OPTION**

You can now pay for your purchase/tuition by credit card, using Mastercard or Visa (Print out, fill out, then FAX or mail the registration information above AND the Credit Card form, PAGE 3)

**PLEASE NOTE: The acknowledgement of your registration will be sent by email to the address shown above. If you have not received such acknowledgement prior to 2 weeks before your first date of attendance, please contact Jane Jarrow at [JaneJarrow@aol.com](mailto:JaneJarrow@aol.com).**

# CREDIT CARD PAYMENT INFORMATION

Name of Registrant \_\_\_\_\_

Institution \_\_\_\_\_

E-Mail: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State/Province \_\_\_\_\_

Zip+4/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Text Telephone? Yes \_\_\_\_ No \_\_\_\_

Total Amount Owed: \_\_\_\_\_

Credit Card Type: \_\_\_\_ MC \_\_\_\_ Visa

Card Account Number: \_\_\_\_\_

Exp. Date (required) \_\_\_\_\_

Card Holder's Signature:  
(required) \_\_\_\_\_

Card Holder's Name as it appears on card:  
\_\_\_\_\_

**FAX (270) 477-9450**

**or**

**MAIL to:**

DAIS  
2938 Northwest Blvd.  
Columbus, OH 43221  
(270) 477-9450 (FAX)  
(614) 481-9450 (V/T)

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