

## Registration

OPEN to EVERYONE!  
Special Rates for  
Families and Students  
Act now to register.  
[Click to Register!](#)

## Hotel Reservations

Deadline: 08/22/2018  
Rate \$139 single/double  
occupancy.  
[Reserve Online](#)  
Phone: 888-421-1442/  
Event Code: INFD

## Accessibility Requests

Deadline: 08/08/2018  
Sign language, program  
in large print, etc. to  
make your participation  
at the conference  
accessible.

## Cancellation Policy

Deadline: 08/17/2018  
Cancellation must be  
made in writing.  
Email: [mail@idaofcal.org](mailto:mail@idaofcal.org)  
Refund will be provided,  
less a \$50 processing  
fee. No refunds after  
deadline.  
Substitutions are  
accepted. Email IDA  
office 5-days prior to  
conference to process a  
substitution.

## Questions?

916-453-8801  
[mail@idaofcal.org](mailto:mail@idaofcal.org)

# CONNECTING THROUGH OUR STORIES

*IDA Northern California Conference*  
SEPTEMBER 2018

REGISTRATION  
OPEN TO EVERYONE!



**Barbara Stroud, PhD**  
CalAIMH Inaugural President



**Marie Kanne Poulsen, PhD**  
Professor of Clinical Pediatrics  
USC Keck School of Medicine

### KEYNOTE SPEAKERS

**DAILY TIME:** 7:30 AM Registration / 8:30 AM-3:30 PM Conference  
**DATES:** 09/7-09/8/2018  
**HYATT REGENCY SAN FRANCISCO AIRPORT**

IDA welcomes you to participate at the **Connecting Through Our Stories** conference! Keynote speakers will provide inspiration and meaningful insights that will rejuvenate you! Informative and practical concurrent sessions will feature speakers sharing their expertise through interactive presentations and discussions. You will be able to access valuable information to continue your work for young children with disabilities and their families.



**INFANT DEVELOPMENT ASSOCIATION (IDA)**  
For details: Fees, Topics/Speakers, Sponsors, & CE Hours/Professions  
[WWW.IDAOFICAL.ORG](http://WWW.IDAOFICAL.ORG)

# Registration Form

(Use if you prefer not to register online. To register online go to [www.idaofcal.org](http://www.idaofcal.org))

## CONNECTING THROUGH OUR STORIES

IDA Northern California Conference

September 2018

**Mail form to: IDA, PO Box 188320, Sacramento, CA 95818**

*Enclose Check payable to: IDA or Infant Development Association  
or*

*Enclose credit card payment information (see below)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Phone (main): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Dietary Request:**  Vegetarian  Vegan  Gluten Free

I require services and/or materials such as sign language interpreters, large print conference program, etc. to make my participation at this conference accessible. Describe: \_\_\_\_\_

Requests must be received by: August 8, 2018

### IDA Conference Registration Rates (Per Person):

#### Both Days

- \$275 IDA/CalAIMH Members
- \$315 NonMembers
- \$250 Agency (4 or more to qualify)
- \$140 Family/Student (whether attending both days or only one day)

#### One Day

**Select:**  FRIDAY or  SATURDAY

- \$180 IDA/CalAIMH Members
- \$220 NonMembers
- \$175 Agency (4 or more to qualify)
- \$140 Family/Student (whether attending both days or only one day)

### Payment Information:

Check # \_\_\_\_\_

Purchase Order (PO)# \_\_\_\_\_ Agency Name \_\_\_\_\_

Credit Card:  VISA  MasterCard  AMEX  DiscoverCard

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

VIN code # \_\_\_\_\_

Billing Address/City/State \_\_\_\_\_

Billing Zip Code \_\_\_\_\_