



**25<sup>th</sup> ANNUAL IEP DAY**  
**April 12, 2008**  
**EXHIBITOR REGISTRATION**

<b><u>PLEASE PRINT</u></b> (Information to be included in Exhibitors Directory)			
ORGANIZATION _____			
CONTACT PERSON: _____			
MAILING ADDRESS: _____			
	City	State	Zip
PHONE: _____ Fax: _____			
E-MAIL: _____ Website: <u>www.</u> _____			
Brief description of your agency services: _____			
_____			
_____			
_____			

Total Enclosed: _____
<input type="checkbox"/> For Profit \$150
<input type="checkbox"/> Non-Profit (\$25)
<input type="checkbox"/> Lunch (\$20/each) <input type="checkbox"/> Regular # _____ <input type="checkbox"/> Vegetarian # _____ <input type="checkbox"/> None

Name(s) for Name Tag(s): _____
_____
_____

**Please make check payable to IEP Day and send along with this form to:**

Stephanie Clark  
San Diego Regional Center  
4355 Ruffin Road, Suite 200 San Diego, CA 92123  
858-576-2988 858-496-4327 (fax)

**Please submit by February 12, 2008**  
**Submit early as limited space is available.**