



## CAPED 2006 Lake Tahoe



### ***Don't Gamble with your Student's Success*** **October 8-11, 2006**

**Get ready for the following exciting keynote addresses  
and breakout sessions!**

#### **Keynote Speakers**



**Temple Grandin Ph.D.**, Colorado State University, she tells us about her experience with autism and how she managed to function so remarkably in the outside world.

**Michael Hingson**, “**The Path to Safety**”, Michael Hingson and his Guide Dog, Roselle, escaped from the World Trade Center together on September 11<sup>th</sup>.

**Kathy Martinez**, **Director, World Institute on Disability**, Kathy Martinez is an internationally recognized disability rights leader specializing in employment, asset building, independent living, international development, diversity, and gender issues

#### **Pre-Convention Sessions**

Adapted Physical Education (multiple workshops); Developmentally Delayed Learner Verification; Non-Verbal Learning Disabilities;

#### **LD Eligibility Model Update in 2 Parts**

Updates to the LD Eligibility Model: A Mini-Training for Current LD Specialists  
The LD Eligibility Model: A Brief Overview for DSP&S Coordinators

#### **New and “Seasoned” DSPS Coordinators Workshop**

This Pre-Convention training is being offered in conjunction with the Chancellor' Office, the Galvin Group, and the Program Management CIG. The CCCCO will reimburse the round trip travel, one night lodging and one day per diem expenses for “**New Coordinators**” registered for this training. There will be an opportunity for “**Seasoned Directors**” to participate in individual components of the training.

*Please use the attached registration form.*

#### **Convention Strands**

Potential Strands and Workshops are being developed and will be announced soon,  
Watch the List-serves!



**Convention Registration Form**  
 California Association for Post-Secondary Education and Disability (CAPED)  
 31<sup>st</sup> Annual CAPED Convention ~ October 8-11, 2006  
**Don't Gamble with your Student's Success**  
 Embassy Suites Lake Tahoe Resort, South Lake Tahoe, CA 96150



<p><b>Registrant Information (Please Print)</b></p> <p>Name: _____</p> <p>Mailing: _____  <small>Street Address</small></p> <p>Address: _____  <small>City State Zip</small></p> <p>Home Phone: (____) _____</p> <p>Email: _____</p>	<p><b>Registrant Information (Please Print)</b></p> <p>College/Organization: _____</p> <p>Job Title: _____</p> <p>Work Phone (____) _____</p> <p>Fax (____) _____</p>
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**CONVENTION FEES**

Please **CIRCLE COST** For Each Event You Are Registering For

<p align="center"><b>CAPED Membership 2006-2007</b>                  Please complete the enclosed                  CAPED Membership Form                  Professional <b>\$80</b>; Associate <b>\$40</b>; Student <b>\$18</b></p>	<input type="checkbox"/> Special Meal Request ( <i>See Back Form</i> )		
	<b>Member</b>	<b>Non-CAPED Member</b>	<b>Student (Must submit proof)</b>
<b>Pre-Convention Options</b>			
Adaptive PE Training (Sat. 10/7 9 – 5:00 p.m.)	\$75	\$150	
Adaptive PE Training (Sun. 10/8 9 – 12:00 p.m.)			
LD Eligibility Model Update (Sun. 10/8 9 – 12:00 p.m.)	N/C	N/C	
New and “Seasoned” Director’s Training – Sponsored by the PM CIG & the Chancellor’s office ( <b>See separate Reg. Form</b> ) (Sun. 10/9 9 – 4 p.m.; lunch on your own)	N/C	N/C	
Non-Verbal Learning Disabilities (Sun. 10/8 1 – 5:00 p.m.)	\$25 (LD CIG Members) \$35 (CAPED Members)	\$45	
DDL Verification Training (Sun. 10/8 1 – 5:00 p.m.)	\$15 (LD CIG Members) \$25 (CAPED Members)	\$35	
<b>Convention</b>			
Pre-registration ( <b>Before September 15, 2006</b> )	\$295	\$395	\$140
On-Site ( <b>After September 15, 2006</b> )	\$330	\$430	\$165
Special Event: Scholarship Golf Tournament (Sun. 10/8 1 – 5:00 p.m.)	TBA - Flyer to Follow		
Single Day Registration: <b>Check Day</b> Attending <input type="checkbox"/> Monday, October 9th <input type="checkbox"/> Tuesday, October 10th <input type="checkbox"/> Wednesday, October 11th	\$175 per day	\$195 per day	\$50 per day
<b>Convention FEES</b> <input type="checkbox"/> Check here if you are requesting <b>CONVENTION ACCESS SERVICES</b> Please complete the enclosed request form.	PRECONVENTION SUBTOTAL = _____ CONVENTION SUBTOTAL = _____ GUEST MEAL ( <i>transfer TOTAL from back of form</i> ) SUBTOTAL = _____ <b>TOTAL FEES</b> _____		

**IMPORTANT INFORMATION**

- **REGISTRATION DEADLINE:**  
postmark by **9/15/06**
- Please complete one form per person. Complete **both sides of form**; make copies of the form as needed. Incomplete registrations *will not* be processed.
- Full payment by check, credit card or purchase order must accompany registration form. **MAKE CHECKS PAYABLE to CAPED Convention 2006.**
- **No refunds will be given after 9/15/06.** Cancellations before 9/15/06 will incur a \$25 processing fee.
- To request this form in an **ALTERNATE FORMAT**, Contact Shane Lake @ American River College; Phone(916) 484-8042, TTY (916) 484-8798.
- For **Interpreters and Captioning related requests**, Contact Shelly Jose @ American River College; Phone(916) 484-8559, TTY (916) 484-8798

**SPECIAL MEAL REQUESTS**

**A breakfast buffet is provided for all hotel guests and may be purchased on site by non-guests for \$15.00. Tuesday’s CAPED provided buffet luncheon will include vegetarian items.**

**ADDITIONAL CONVENTION GUEST MEALS / EVENTS**

**Indicate here you would like to purchase a guest meal / event ticket at the indicated price; then enter the total for guest meals/events on the front of this form.**

GUEST MEAL	# of extras	Price
Tuesday, Oct. 10 <sup>th</sup> <i>Luncheon</i>		<b>\$25.00</b>
Tuesday, Oct. 10 <sup>th</sup> <i>President’s Reception</i>		<b>\$30.00</b>
<b>Please be sure to transfer the total cost of any additional meals to the front of this form.</b>		<b>TOTAL \$ _____</b>

**METHOD OF PAYMENT**

For registration questions, please call Cristi Ellingford at (530)541-4660 Ext. 264 e-mail: Ellingford@ltcc.edu

**MAIL OR FAX BOTH SIDES OF FORM COMPLETED TO:**

Terry Stark, Executive Assistant  
CAPED 2006  
71423 Biskra Road  
Rancho Mirage, CA 92270  
Phone: 760-346-8206  
FAX: 760-340-5275

I am interested in volunteering at the conference.

*Payment by the following is enclosed:*

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

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

Purchase Order# \_\_\_\_\_

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

MC / VISA (Circle One)

V Code# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Name Exactly as it Appears on Card  
\_\_\_\_\_  
\_\_\_\_\_

Signature  
\_\_\_\_\_  
\_\_\_\_\_

**FOR CAPED OFFICE USE ONLY**

Total Received \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_ Invoice # \_\_\_\_\_ Date Sent \_\_\_\_\_  
Registration Received \$ \_\_\_\_\_ Confirmation Sent (Date) \_\_\_\_\_

**VISIT CAPED’S WEBSITE @ [www.caped.net](http://www.caped.net)**

# NEW DSP&S PROGRAM COORDINATOR TRAINING AND ORIENTATION



**STATE OF CALIFORNIA**

**Chancellor's Office-California Community Colleges**

1102 Q STREET SACRAMENTO, CA 95814-6511

VOICE: (916) 445-8752 TDD: (916) 324-8487

HTTP://WWW.CCCCO.EDU

The focus of this training activity is administration of DSP&S programs and is designed for new Coordinators and **not all new DSP&S staff**. Because the training was not offered last year, new DSP&S Coordinators would be those that have become Coordinators since *July 2004* or who have not previously attended a New Coordinator training.

## NAME AND ADDRESS INFORMATION

(Last Name)

(First Name)

(Middle Initial)

Title/Position

Date You Began in the Position:

I have not attended a previous new Coordinator training

(College/District)

(Number, Street, Or Post Office Box)

(City)

(State)

(Zip Code)

Telephone (Area Code/Number)

FAX (Area Code/Number)

E-Mail Address

## REGISTRATION INFORMATION

DSP&S New Coordinator Training

Sunday, October 8, 2006

9:00 a.m. – 5:00 p.m.

Held in conjunction with the CAPED Conference at the following location:

**Embassy Suites Lake Tahoe Resort**

**4130 Lake Tahoe Blvd.**

**South Lake Tahoe, CA 95841**

**1-530-544-5400**

You must make your own hotel reservation with the Embassy Suites Lake Tahoe Resort directly.  
Please refer to the CAPED hotel reservation information.

The CCCCO will reimburse the round trip travel, one night lodging and one day per diem expenses of new Coordinators registered for this training.

## SPECIAL REQUESTS

For disability related reasonable accommodations during the training session, please contact Shane Lake, at (916) 484-8042.

(Separate Arrangements for Reasonable Accommodation associated with your Lodging Reservation must be made directly with the hotel)

**For Chancellor's Office Use Only**

Date Registration Form Received \_\_\_\_\_ Received by \_\_\_\_\_ Confirmation Sent \_\_\_\_\_

**PLEASE RETURN THIS FORM ON OR BEFORE Friday, SEPTEMBER 15, 2006**

TO: Terry Stark, CAPED Office

71423 Biskra Road, Rancho Mirage, CA 92270

Phone: 760-346-8206

Fax: 760-340-5275

5/01/2006