

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
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

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.IDAOFCAL.ORG

Registration Form

(Use if you prefer not to register online. To register online go to 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 _____