

**Trilateral Consortium on
Capacity Building in Community
Rehabilitation and Disability Studies (CCRDS)**



IV INTERNATIONAL INSTITUTE 2005

JUNE 6-9, 2005

Tucson, Arizona

REGISTRATION FORM

Name: _____

Title: _____ Specialty: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone: _____ Fax: _____

Email: _____

PLEASE IDENTIFY YOUR UNIVERSITY OR ORGANIZATION:

- | | |
|--|---|
| <input type="checkbox"/> Universidad de Sonora | <input type="checkbox"/> Universidad del Noroeste |
| <input type="checkbox"/> University of Calgary | <input type="checkbox"/> University of Manitoba |
| <input type="checkbox"/> University of Arizona | <input type="checkbox"/> San Diego State University |
| <input type="checkbox"/> Canadian Center on Disability Studies | <input type="checkbox"/> Origins Global College |
| <input type="checkbox"/> Other (please specify): _____ | |

PLEASE INDICATE YOUR STATUS

- Faculty Student Other: _____

Accommodations:

- University Student Housing Other
(\$20.00 a night Double Occupancy and \$28.00 a night for a single room)
- Embassy Suites, 5335 E. Broadway Blvd. (520) 745-2700. Please indicate you are with the University of Arizona to receive the \$89.00 a night rate. Includes full cooked to order breakfast and evening happy hour.

Accessibility Requirements:

- Wheelchair Accessibility Alternate Formats: _____
- Other (please explain) _____

Registration Fee: There will be a Registration Fee of \$100 US per person. **Registration must be received by March 15.** Please make checks payable to **University of Arizona** at the following address: University of Arizona, SERSP, P.O. Box 210069, Tucson, AZ 85721, Attention: Bertha Corrales. For questions please contact Bertha@u.arizona.edu or (520) 621-5164.