

## **2019 Webinar Registration Form**

**I would like to attend the following webinars at a cost of \$20 per webinar or \$100 for ALL 6 webinars** (Please contact Byron Kish for group pricing information):

- Series 1       Series 2       Series 3       Series 4       Series 5
- The Disability Programs & Process       The SSA Application Forms  
 The Medical Eligibility Criteria       Transition from Child to Adult Disability  
 The SSA Work History Report       The SSA Adult Function Report  
 All Webinars       I'm attending under Group Pricing

The registration form must be completed along with the registration fee to be confirmed.

### **Registrant Information (One registration form per person)**

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

Title: \_\_\_\_\_ Organization Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Please indicate if you need any reasonable accommodations (ADA) to fully participate and contact us at your earliest convenience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Payment Information (Check, money order, Visa, MasterCard, and Discover accepted)**

**Credit Card Number:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Register online:** [www.bit.ly/dbswebinars](http://www.bit.ly/dbswebinars)

**Alternative Registration:** Fax to (888) 396-9836, email to [bkish@eastersealscolorado.org](mailto:bkish@eastersealscolorado.org), or mail to Easterseals Colorado DBS, 393 S Harlan St, Ste 250, Lakewood, CO 80226.

**Remit check or money order to:** Easterseals Colorado DBS, 393 S. Harlan St., Lakewood, CO 80226. Please write DBS Webinars on the memo line.