

TEXAS IRLLEN ASSOCIATION Conference

When: January 29-31, 2010: **Friday** – Registration & Reception: 5:30 p.m. - 7:00 p.m.
Saturday -Registration: 8:30 a.m. - 9:00 a.m.
Meeting: 9:00 a.m. - 4:00 p.m.
Luncheon: 12 N - 1:30 p.m.
Sunday Meeting: 8:30 a.m. – 1:00 p.m.

Where: Embassy Suites Hotel, Dallas Love Field, 3880 West Northwest Highway, Dallas, TX 75220
Phone: (214) 357-4500

Who: For all Irlen Diagnosticians, Screeners, and Pre-Screeners & North American & Texas Irlen Association Members and other interested parties.

Attendance: Earn 4 Points towards Irlen recertification.

Cost: Texas Irlen Association Members: \$ 85.00
Others: \$125.00

Irlen Store: Overlays, IRPS forms, and CDs & Books will be available for purchase.

Rooms: Embassy Suites Hotel, Dallas Love Field at a discount: \$109 Double or King

Rooms are available on a first come basis with cutoff date being January 8, 2010. Call the Embassy Suites Hotel at (214) 357-4500 to make your reservation. Mention that you are attending the Texas Irlen Association Meeting for the discounted rate.

Send completed registration form and payment to Texas Irlen Association Attn: Pat Johnson, 3722 North Main Street, Baytown, TX 77521. For information call 281/428-7039 or fax 281/427-6252. Email: info@irlentexas.com

Yes. Register me for the Texas Irlen Association Regional Meeting January 29-31, 2010 .

Name _____ Email: _____

Address: _____ City _____ State _____ ZC _____

Phone day _____ Phone Evening _____ Fax: _____

I am a Texas Irlen Association Member - \$85.00

I am not a Texas Irlen Association member but wish to join - \$85.00 plus \$50.00 membership fee (\$35.00 non-resident or affiliate)

I am not a Texas Irlen Association member \$125.00

\$ _____ Total _____ Check enclosed (make payable to TX Irlen Association Ck. # _____
_____ Purchase order enclosed (recognized facilities only) PO # _____

New _____ Renewal _____

TEXAS IRLLEN ASSOCIATION
APPLICATION FOR MEMBERSHIP
Membership Year: Current through December 2010

Please Print or Type

Name _____

Address _____

City, State, Zip _____

Home #

Work #

Fax #

Email Address: _____

Employed by _____

Job Position _____

Check Appropriate Line

Initial Dues

Qualifications

Member

\$50.00

Certified as Irlen Diagnostician, Screener or Pre-Screener residing or employed in Texas

Non-Resident Member

\$35.00

Certified Irlen Diagnostician, Screener or Pre-Screener not employed or residing in Texas

Affiliate Member

\$35.00

Other Interested Parties

Please state affiliation _____

For new applicants please complete the following:

For certified Irlen Diagnosticians, Screeners or Pre-Screeners

Trained by _____ Date _____ Certification Expiration Date _____

\$ _____ Total Submitted (Make check payable to Texas Irlen Association/Membership)

I certify that the above information is accurate

To access the TIA newsletter and updated information, visit www.irlentexas.com and click on the Texas Irlen Association link.

Signature _____

Date _____

Send to

Texas Irlen Association
3722 North Main Street, Baytown, TX 77521
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