

## ANNOUNCING....

Manitoba's Inclusive Education Summit  
Wednesday, February 20, 2008  
(In the Heart of Inclusive Education Week)

Please join **Community Living Manitoba** and the  
**Manitoba Council for Exceptional Children**  
as we celebrate the many achievements  
of the education community in our province  
in the pursuit of  
Inclusive Education for all Manitoba's children.

Featured speakers include **Vianne Timmons**,  
Vice-President of Academic Development,  
University of Prince Edward Island,  
and **Mary Ruth Coleman**,  
International President of the Council for Exceptional Children.

Topics to be explored during the day will include:

- ◆ The Role of the Child Advocate in Education
- ◆ What Does Inclusion Look Like?
- ◆ Lesson Research
- ◆ Inclusion and Administrators
- ◆ Successful Transition from Early Learning and Care to School
- ◆ Parent-Teacher Partnerships in Planning
- ◆ Dispute Resolution
- ◆ Journeys towards Inclusion—a made-in-Manitoba example
- ◆ Transitions from School to Work and other options
- ◆ "Campus Life"

Cost is \$75  
Payable to MCEC  
Events will take place  
between 9 am and 4:30 pm  
at **The Victoria Inn** in Winnipeg.

For more information, contact: Anne Kresta at Community Living Manitoba  
Tel: 204-487-2808 Fax: 204-789-9850 Email: kresta@shaw.ca

## Manitoba's Inclusive Education Summit Wednesday, February 20, 2008 Registration Form

### Register by FAX:

(204) 275-6299

MasterCard payments accepted. Sorry, Visa not accepted.

Cheques are payable to: **MCEC Conference 2007**

Your cancelled cheque or MasterCard statement is your assurance that you are registered. A receipt will be available at the registration desk on site.

*For confirmation prior to the Conference, send a stamped self-addressed envelope with your registration form.*

*Payment must accompany registration form in all cases.*

**Circle one:** Miss / Mrs. / Mr. / Ms. / Dr.

**Name** (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_

**Address** (Street or Box) \_\_\_\_\_

**City/Town Postal Code** \_\_\_\_\_

**Phone Number** (Business) \_\_\_\_\_ (Residence) \_\_\_\_\_

**School Division or Employer** \_\_\_\_\_

**Position Held** (Indicate Level) \_\_\_\_\_

### MAIL REGISTRATION FORM AND PAYMENT TO:

**MCEC – CONFERENCE 2007**

c/o 245 Le Maire Street

Winnipeg, MB. R3V 1M2

*Questions regarding registration?*

*Phone: Barb @ (204) 275-5048 or*

*Email: bmetro@srsd.mb.ca*

### OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Registration #: \_\_\_\_\_

Payment by Cheque #: \_\_\_\_\_

M/C AUTH. # \_\_\_\_\_

Receipt #: \_\_\_\_\_

### FOR MASTERCARD PAYMENT

Name on MasterCard \_\_\_\_\_

Card No. \_\_\_\_\_

Expiry Date Signature \_\_\_\_\_

