

*The Dallas Branch of the
International Dyslexia Association Presents
The 2010 Annual Conference*



Promoting literacy through research,
education, and advocacy.

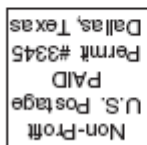
David J. Chard, Ph.D., Keynote Speaker
Connecting the Dots...From Referral...

To Identification...To Intervention

*Saturday
February 20, 2010*

City Place Conference Center
2711 N. Haskell at Central Expressway

Dallas, Texas



Keynote Speaker:

David J. Chard, Ph.D.

Making good schools great for all students; Promoting a comprehensive system of professional development in reading.

To have a positive impact on children's reading, all teachers in a school must be doing their best work. To accomplish this, we need to promote a system of professional development that addresses the needs of high achieving students as well as those who need extra support. This session will describe a systemic approach to professional development in reading and will utilize the latest findings in fluency development as an example for how best to support teachers' efforts.

Keynote Speaker

8:30-11:30 a.m.

Making good schools great for all students; Promoting a comprehensive system of professional development in reading.

By David J. Chard, Ph.D.

Afternoon Sessions

1:00 - 2:15 p.m.

“Keeping Your Chin Up In Challenging Times”

by Dr. David Welsh

The challenge of dyslexia affects not only students, but parents, teachers, administrators and everyone who lives with or cares for a child with learning differences. In this entertaining and inspiring keynote, psychologist Dr. David Welsh presents practical strategies for maintaining a positive attitude when confronting the challenge of dyslexia – or any other challenge we face in our profession or personal lives!

2:15 – 2:45

Break

2:45-4:00 p.m.

“Art Through the Eyes of a Dyslexic”

by Eric McGehearty

Eric tells the compelling story that dyslexia has played in his life. How he transformed early trials and struggle in to a life filled with success and opportunities. His artwork inspired by his struggle to read, gives audiences a rare glimpse inside the LD mind.

Conference Day Opportunity Drawings

Buy as many tickets as you want and enter our drawings for:

*2011 DBIDA Annual Conference/Complimentary Registration

*A weekend package at a Dallas/Fort Worth area resort or hotel

* Sporting event tickets

Conference Schedule and Committee

7-30-8:15 Registration and Continental Breakfast
8:15-8:30 Greetings and Announcements
8:30-11:30 Featured Speaker, David J. Chard, Ph.D.
11:30-12:45 Luncheon Reception
EOE/T-Shirt Design of the Read-A-Thon Presentations
1:00-2:15 & 2:45-4:00 Afternoon Sessions
2:15-2:45 Break, Exhibits, and Snacks
4:00 Annual Board Meeting (Open to Public)

Dallas Branch IDA President: Harrian Stern
Conference Chairperson: Harrian Stern/ Co-Chair Lee Ann Mix
Arrangements: Dorelyn Martin
Speakers: Carla Proctor
Exhibits and Book Sales: Betsy Weaver
Registration Brochure: Pat Lawrence
Excellence in Education Award: Harrian Stern
Opportunity Drawing: Anna Burton

Conference Registration

Please fill out one form per person and return by January 22, 2010. Registration fee includes seated lunch. No refunds will be made after February 15, 2010. Confirmations will be sent by email if registration is received by February 15, 2010. There will be no on-site registration.

Choose one:

- Member registration before January 22, 2010. \$105.00 Subtotal: _____
 Member registration after January 22, 2010. \$130.00
 Non-member registration. \$165.00 \$10.00 invoice for Purchase Orders: _____

Fill out Membership Registration on reverse side to become a new member. Total: _____

Name: _____ Phone #: _____ Email: _____

School District/Campus: _____ or Private Practice: _____

Profession: _____ and/or Parent _____

Choose one:

- Mail registration form and check, payable to **DBIDA**, or credit card information to DBIDA Annual Conference,

14070 Proton Rd., Suite 100, Dallas, TX 75244 (972-233-9107, ext 222)

- Fax registration form and credit card payment to 972-490-4219.

Visa/MC/AMEX card # _____ Expiration Date _____

Printed name: _____ Signature: _____

5 ALTA CEU's and 5 TSHA CEU's offered, pending approval

TSHA Approval of CE sponsorship does not imply endorsement of course content

PHONE: 1-800-ABCD123
 FAX: 1-410-321-9069
 ONLINE: www.interdys.org
 MAIL: 40 York Road
 Suite 400
 Baltimore, MD 21204



THE INTERNATIONAL DYSLEXIA ASSOCIATION MEMBERSHIP

FIRST Name _____ MIDDLE Initial _____ LAST Name _____

ORGANIZATION (if applicable) _____

STREET ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

E-MAIL _____

WORK TELEPHONE () _____ HOME TELEPHONE () _____

DATE OF BIRTH ____/____/____ IDA MEMBER # (if renewal) _____

INDIVIDUAL WITH DYSLEXIA? Spouse Self Child Sibling Parent Friend

1 SELECT YOUR MEMBERSHIP CATEGORY

PARENT/ADVOCATE \$80
 Individual Dyslexic General Supporter
 Parent/Family Member

PROFESSIONAL \$95
 Professional/Educational
 Professional/Allied

2-MEMBER HOUSEHOLD/FAMILY \$135

SENIOR/RETIRED (age 65) \$60

STUDENT \$60

EDUCATIONAL INSTITUTION \$395

CORPORATE/BUSINESS \$495

Dyslexic individuals, parents, family members, caregivers, advocates on behalf of dyslexia and general supporters of IDA's work should join this category.

If you are employed in the field of learning disabilities *as an educator*—a teacher, tutor, administrator, academic language therapist, etc.

If you are employed in the learning disabilities field *as a professional*—researcher, attorney, physician, psychiatrist, etc., select "Allied".

The Educational/Institutional category includes non-profit (501(c)3) organizations and businesses—schools, school systems, libraries, professional associations, etc.

The Corporate category includes for-profit organizations and businesses—suppliers, vendors, testing programs, learning centers, assistive technologies, etc.

2 PROFESSIONAL INTEREST (please choose ONE professional interest)

<input type="checkbox"/> Academic Language Therapist	<input type="checkbox"/> Education/Administrator	<input type="checkbox"/> Parent	<input type="checkbox"/> Researcher/ Medical
<input type="checkbox"/> Advocate	<input type="checkbox"/> Education/Teacher—K-12	<input type="checkbox"/> Physician	<input type="checkbox"/> Speech-Language Pathologist
<input type="checkbox"/> Attorney	<input type="checkbox"/> Education/Teacher—Special Ed.	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Tutor/Certified or Trainee
<input type="checkbox"/> College Student	<input type="checkbox"/> Education/Teacher—Post Sec.	<input type="checkbox"/> Reading Specialist	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Corporation/Organization	<input type="checkbox"/> Educational Diagnostician	<input type="checkbox"/> Researcher/Education	

3 UPPER MEMBERSHIP LEVEL (optional/add'l. fee)

Please consider supporting IDA's mission with an additional contribution by becoming an UPPER-CATEGORY Member.

SPONSOR dues level plus \$50 \$50

SUPPORTING dues level plus \$150 \$150

SUSTAINING dues level plus \$500 \$500

LIFETIME \$2500 \$2500

(add this optional UPPER CATEGORY amount to your dues payment)

4 SPECIAL-INTEREST GROUPS (optional/add'l. fees)

THE FOLLOWING BENEFITS ARE CURRENTLY IN DEVELOPMENT:


Optional SPECIAL-INTEREST GROUPS will offer a suite of customized benefits within a community of like-minded professional interests.

SIG-1 Teachers of Struggling Readers \$30
 Includes a customized "Webcast With An Expert", a searchable "Student Errors Database; 2 additional Live Learning Center sessions.

SIG-2 Reading Intervention Specialist \$40
 Includes a dedicated online list-serv with moderated topics; customized "Webcast With An Expert"; 2 additional Live Learning Center sessions.

SIG-3 Reading Intervention Therapist/Trainer \$50
 Includes a dedicated online "Trainer" list-serv with moderated topics; two additional Live Learning Center sessions; and, a "Professional" Hospitality Suite at the IDA Conference.

5 DUES PAYMENT



Amount from your Membership Category 1 \$ _____

Optional UPPER-LEVEL amount 3 \$ _____

Optional SPECIAL-INTEREST GROUP 4 \$ _____

TOTAL: \$ _____

Check enclosed (payable to IDA) Purchase Order enclosed: P.O. #: _____

Credit Card:
 American Express Master Card VISA Discover

Cardholder Name: _____ Account Number: _____

Expiration Date: ____/____/____ Signature of Cardholder: _____