**The Birth to Five Vision Network presents**

THE NANCY MANSFIELD FAMILY/PROFESSIONAL WORKSHOP

**Hi Tech, Hi Touch: Connecting Families to Assistive Technology**

Learn from our panel of student “tech-sperts” and their families to better understand how technology can enhance your child’s life at each developmental stage. Come hear from others and contribute your own experiences.

Enjoy lunch afterward with old and new friends and stay for an afternoon of fun exploring age appropriate technology with the family.

**Date: Saturday, March 25, 2017**

**Time:** 8:30 a.m.-3:30 p.m.

**Location:** Blind Children’s Learning Center

18542-B Vanderlip Ave.

Santa Ana, CA 92705

**Cost:** $15 per family, $25 for professionals

**Please see the following page for registration.**

Schedule for the Day:

8:30 to 9:15 Registration and light breakfast

9:15-12:30 Panel Presentation and Discussion

12:30-1:30 Lunch

1:30 to 2:30 Family Fun in Tech World!

**Lunch and childcare will be provided.**

Childcare is provided from 8:30 a.m. – 12:30 p.m.

**Spanish translation will be available**.

**If you have questions please call:**

Sue Parker-Strafaci or Maria Acosta, Braille Institute - (323) 906-3112

or

Mary Gaston TVI/O&M, Santa Barbara Unified School District - (805) 717-2218

 **How To Register for this Event:**

 You may pay at the event or send your check payable to:

**Birth to Five Vision Network**

Cost: $15 per family; $25 for professionals

 or mail to:

Braille Institute

741 N. Vermont Ave.

Los Angeles, CA 90029

Attn: Maria Acosta

You may also call, email or fax your registration to:

**Call: (323) 906-3112**

**Fax: (323) 663-0602**

**Email:** **sstrafaci@brailleinstitute.org**

 **mdacosta@brailleinstitute.org**

Parent(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_

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

Visually Impaired Child’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Child’s Visual Diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program that provides services for your child's visual impairment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names & ages of other children attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and relationship to child of additional adults attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have a question for the panel please include it here**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language preference for support group and informational handouts:

 English Spanish Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the conference?

\_\_ website \_\_ doctor

\_\_ child's teacher (name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_ other

\_\_ other parent

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

For Board Member use only.

Paid: Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total # of children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total # of adults\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_