**MD PARENTS OF BLIND CHILDREN**

**MDPOBC and BISM \* 1886 Mosser Rd, McHenry, MD 21541\* 301-501-1818\* http://mdparentsofblindchildren.org\***

*presents*

**4th- Be OK With Blindness**

*A Seminar for Parents and Teachers of BVI Children*





**SATURDAY, May 10, 2014**

**8:00 AM to 5:00 PM**

**Jernigan Institute of the NFB**

\*200 Wells Street

Baltimore, MD 21230 \*

**REGISTRATION Open Now:**

***Continental breakfast, lunch, child care, and Tween & Teen programs all included!***

Join us for a day of

inspiration and information. Learn, share, meet new families and blind/VI adults.



***PROGRAM HIGHLIGHTS***

**\* Structured Discovery in Cane Travel \* Ideas for Children with Additional Disabilities \***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* Traveling for Independence \* Summer Programs for Youth \***

**\* What is Your Child’s Rights \* IEPs for Success \* Advocacy \***

**\* Arts & Crafts & Activities for the Kids, Tween & Teens \***



For more info, contact Trudy Pickrel, POBC-MD Pres., at 301-501-1818 or TLPickrel@hotmail.com

**Please feel free to photocopy this form to share with other families & teachers.**

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*Registration:* **4th Annual “Be OK With Blindness” Seminar**

Mail to **POBC-MD** & mail ASAP with form to:**POBC-MD \* 1886 Mosser Rd \* McHenry, MD 21541**

Name/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of blind/VI child/ren \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of blind/VI child/ren \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will child/ren need child care? \_\_\_\_ Age/s \_\_\_\_\_\_ Total # attending \_\_\_\_\_

**\_\_\_ I cannot attend Seminar, but put me on the POBC-MD mailing list. \_\_\_ $10 dues enclosed**