



“It’s our Move: A Challenge for Change”

**3rd Biennial Eastern Regional
Black Deaf Advocates Conference**

Radisson Plaza – Warwick Hotel Philadelphia
1701 Locust St.
Philadelphia, PA 19103

August 6-8, 2010

Registration Information

Regular Combo (after March 2, 2010)

Regular Members	___ \$90.00
Senior Citizens (55 & over)	___ \$80.00
Non – Members	___ \$100.00
Senior Citizens (55 & over)	___ \$90.00
Students (full time College)	___ \$70.00
Students (High School)	___ \$30.00
Family Rate (up to 6 members)	___ \$100.00

*Combo tickets include registration, Friday evening hospitality with refreshments, Saturday workshops and dinner. Only combo tickets will be sold (no individual event tickets).

Communication Access needs – please check all that apply:

- Deaf/Blind Interpreter
- Assertive Listening Device/Cart

Sign Language Interpreters will be present for ALL SESSIONS.

Please print the following information clearly:

Full Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Email _____

If member, name of your chapter _____

Total amount enclosed: _____

Mail this entire page with your business check, money order, or cashier’s check (**payable to PCBDA**) to:

Reginald Miles
Philadelphia Chapter Black Deaf Advocates, Inc.
7227 Forrest Ave
Philadelphia, PA 19138
(Email: PhilaBDA@aol.com)

A block of rooms have been reserved for Eastern Regional Conference registrants
at:

Radisson Plaza Warwick Hotel Philadelphia

1701 Locust Street

Philadelphia, PA 19103



(215) 735-6000 (V) * (215) 790-7780 Fax* www.radisson.com/philadelphiapa

When making reservation, please refer to the group name: **Philadelphia Chapter Black Deaf Advocates Option #3.**
The special group rates will not be available after July 6, 2010, are as follow:

(ONE FORM PER RESERVATION PLEASE)

Check Preferred Room Type Below

Single Rate	<input type="checkbox"/>	\$99.00
Double Rate	<input type="checkbox"/>	\$99.00
Triple Rate	<input type="checkbox"/>	\$119.00
Quad Rate	<input type="checkbox"/>	\$139.00

The above room rates are subject to applicable taxes in effect at the time of check-out *currently 15.2%*.

Arrival Date: _____

Arrival Time: _____

(Check In 3:00 pm)

Departure Date: _____

(Check Out 12:00 Noon)

First night deposit or credit card guarantee is required. Hotel will not hold any reservations unless secured by one of the bottom methods.

Confirmation: Hotel will send confirmations to you.

Name _____

Company _____

Address _____

City/State/Zip _____

Phone _____ V _____ TTY _____ Email: _____

Money Order _____ Check _____ Cashier's Check _____

(Circle Card Used) American Express MasterCard VISA Discover Diners

Credit Card

_____ Expiration _____ / _____

Signature _____ Date _____