

Southern Regional Black Deaf Advocates Conference
Crowne Plaze Hotel – 201 S. McDowell Street, Charlotte, NC
“You Make A Difference: Changing and Expanding Yourself”



June 5 – 7, 2008

Registration Form
(PHOTO ID REQUIRED)

Please Note: **NO** refunds will be given after May 15, 2008.
 Feel free to copy and distribute the form. Send your form to the address below.

. Individual rate for single events:

MEMBER

NON – MEMBERS

Registration/Workshop/Banquets _____\$95.00 Registration/Workshop/Banquets _____\$115.00

(Registration Fee (Workshops, Exhibits, & Program book) is **REQUIRED**)

II. Early Bird Discount Register - March 1 –May 15, 2008

	Members	Non-Members
Registration and all functions	_____ \$85.00	_____ \$95.00
Senior Citizen (55+)	_____ \$75.00	_____ \$85.00
Full Time College Student (ID required)	_____ \$75.00	_____ \$85.00

III. Late Registration – May 16 –June 5, 2008

	Members	Non-Members
Registration and all functions	_____ \$95.00	_____ \$115.00
Senior Citizen (55+)	_____ \$85.00	_____ \$105.00
Full Time College Student (ID required)	_____ \$85.00	_____ \$105.00



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COMMUNICATION ACCESS NEEDS (please check): Deaf/Blind Interpreter Oral Interpreter

Assistive Listening Device ASL Spoke English Close-Vision

TOTAL AMOUNT ENCLOSED: \$ _____ Date: _____

Please check one:

_____: Member _____: Member – Senior Citizen/Students _____: Non-Member _____: Non-member – Senior Citizen/College

Name: _____
 (Please print CLEARLY)

Address: _____ State: _____ Zip: _____

TT/VP Phone: _____ E-mail Address: _____

Please make money orders payable to NCBDA. Mail form[s] or fax registration form[s] and fee[s] to: NCBDA Conference Treasurer, Valerie McMillan, P.O. Box 7477, Wilson, NC 27895.

Question (s): Email: CORY L PARKER: Bondisblu71@aol.com