

2009 WSAD Conference Registration Form

August 6-9, 2009—Washington School for the Deaf
Vancouver, Washington

1. Participant Information

Please print-limit 2 registrants

(1) First\Last Name _____

(2) First\Last Name _____

Email (Required if you have one) _____

Email (Required if you have one) _____

Address _____

City _____

State/Province _____

Zip _____

Phone _____

TTY/VP/V _____

2. Registration Information

Conference Combo Fees

Early Bird Combo (postmarked by 5/30):

\$75.00x _____ = _____

Regular Combo (postmarked by 6/30):

\$90.00x _____ = _____

Late Bird Combo (postmarked by 7/25):

\$100.00x _____ = _____

At Door:

See Individual fees

Individual Fees

Registration Fee (required-non refundable)

\$15.00x _____ = _____

President's Reception

\$20.00x _____ = _____

Banquet (not available after 7/25)

\$40.00x _____ = _____

Entertainment (after banquet)

\$30.00x _____ = _____

Banquet Menu — Italian Buffet—(includes some Vegetarian choices)

Childcare during WSAD Events—for children under age 12 \$25.00 per child X _____ = \$ _____
Must request before July 15th to Registration Chair Sue Barnett—(see below) Total amount Paid \$ _____

Refund and Cancellation Policy

Refund requests must be made to the Registration Coordinator in writing, via mail or email and postmarked by July 10, 2009. Phone cancellations not accepted. All refund checks will be mailed approximately

3 weeks after the Conference. \$30.00 service charge will be applied to all non-sufficient funds/returned checks.

No refunds will be made after July 10, 2009

3. Method of Payment (Payment must accompany registration or the form will returned to you.)

Check or money order payable to: WSAD

Mail to : Sue Barnett, Registration Chair , 2626 NE 11th Avenue, Portland, Oregon 97212

No Personal Checks accepted after July 25, 2009

Questions? - email SCBBates@aol.com , TTY—503-288-4948, VP 503-928-5637

For Conference information—go to: www.wsad.org

Participants are welcome to stay at one of the WSD Cottages during the conference if they wish.

Room Rates: \$25.00 Individual

\$35.00 Double

For Reservations— Complete attached reservation form

Questions? - email —Cpar123100@aol.com , TTY—509- 838-3770



For Office use Only: Date Rec'd: _____ Amount Rec'd _____ Deposit Date _____