



**REGISTRATION FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_  TTY  VOICE  FAX

I AM  DEAF  DEAF-BLIND  HARD-OF-HEARING  HEARING

**PAYMENT FEES**

- \$250 per person until June 10, 2003 (RAD2003 conference only) [Due: July 10, 2003]
- \$300 per person until September 30, 2004
- \$325 per person until December 10, 2004
- \$350 per person until May 10, 2005
- \$350 per person after May 10, 2005 (money order or cashier's check only)

LAYAWAY PLAN: \$50 minimum and must be paid by June 10, 2005

After June 10, 2005, NO PERSONAL CHECKS WILL BE ACCEPTED.

There will be a \$35 service charge for each returned check.

**SPECIAL ACCOMMODATIONS**

- |   |  |
|---|--|
| <input type="checkbox"/> Deaf-Blind Service: Interpreters | <input type="checkbox"/> Wheelchair Access         |
| <input type="checkbox"/> Deaf-Blind Service: SSP          | <input type="checkbox"/> Close Vision Interpreters |
| <input type="checkbox"/> Oral Interpreters                | <input type="checkbox"/> Voice Interpreters        |
| <input type="checkbox"/> LSQ Interpreters                 |  |
| <input type="checkbox"/> Other Service: _____             |  |

PLEASE SEND YOUR SPECIAL ACCOMMODATIONS REQUEST BEFORE JUNE 10, 2005

**PAYMENT TO**

Please make check payable in U.S. Dollars to RAD2005 Conference and mail to:

RAD2005 Conference - Registration Coordinator

P.O. BOX 44656

WASHINGTON, D.C. 20026-4656