



REGISTRATION FORM



NAME : _____

ADDRESS : _____ APT# : _____

CITY : _____ STATE : _____ ZIPCODE : _____

COUNTRY : _____ EMAIL : _____

PHONE : (____) _____ TTY VOICE FAX

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

INDIVIDUAL FEES

X	Registration Fee (required)	\$20	
	Program Book	\$20	
	Souvenirs	\$40	
	Flamingo Ball (Tuesday night - Buffet/Entertainment/Dance)	\$75	
	Workshops (each day)	\$15	
	Workshops (3 days)	\$35	
	After Hour Party (Men's Night or Womyn's Night)	\$20	
	After Hour Party (Combined Men's Night & Womyn's Night) each night	\$20	
	RAD Pageant/Buffer (Friday night)	\$75	
	RAD Pageant (only)	\$50	
	Saturday Night Banquet (Dinner/Keynote Speaker/Awards)	\$100	
	TOTAL INDIVIDUAL FEE:	-----	

After June 10th, 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 10th, 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