



CAID 2009 National Conference Registration Form

Gallaudet University, Washington DC
June 22-26, 2009

CAID 2009 Registration Timeline

- Early Bird before May 1
- After May 1

Cancellation/Refunds

- Full refund up until March 1, 2009
- Half of payment refund from March 2 to May 15, 2009
- No refunds after May 15, 2009

Mail-in Registration

Check or purchase order to:

- CAID
P.O. Box 337
Bedford, TX 76095-0377

Credit Card order to:

- Julie Greenfield, CMP
CAID Conference
Suite 3400 KDES
800 Florida Avenue, NE
Washington, DC 20002

Questions?

Contact Julie Greenfield
Voice and Video Relay:
(202) 651-5719
E-mail:
Julie.greenfield@gallaudet.edu

attendee information

First Name	Last Name	Middle Initial
Preferred Name (for badge)		
Employer/Organization	Job Title	
Preferred Mailing Address		
City	State/Province	Zip/Postal Code Country
Employer/Organization Mailing Address: <input type="checkbox"/> Same As Preferred Mailing Address If different from preferred address, complete the following:		
Address		
City	State/Province	Zip/Postal Code Country
Phone	Mobile Phone	
Fax Number	E-mail Address	
Preferred Method for Receiving Acknowledgement of Registration: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		

conference registration

***NOTE: Your membership must be current through July 1, 2009, to qualify for the CAID member rate.**

	By May 1	After May 1	
<input type="checkbox"/> Current CAID Member	\$300.....	\$350	\$ _____
<i>Member Number</i> _____			
<i>Expiration Date</i> _____			
<input type="checkbox"/> Non-member	\$400	\$450	\$ _____
<input type="checkbox"/> Presenter and CAID Member.....	\$250.....	\$250	\$ _____
<input type="checkbox"/> State Organization Member	\$275.....	\$325	\$ _____
<i>Organization Name</i> _____	<i>Member Number</i> _____	<i>Expiration Date</i> _____	
<input type="checkbox"/> Full-Time Student (includes CAID Membership)...	\$75.....	\$75	\$ _____
<input type="checkbox"/> One-Day Registration.....	\$125	\$150	\$ _____

Indicate Day: Tuesday Wednesday Thursday Friday

Clerc Center Pre Conference Sessions

No charge to CAID conference registrants
 Space is limited and available on a first come first serve basis
Pre-Registration is required by May 31

See The Sound: Visual Phonics

June 22-23, 2009
 Two day workshop-limited to 40 participants
 Monday, June 22, 2009 - Tuesday, June 23, 2009 8:30 am - 5:00 pm

Sharing Books Using ASL & Deaf Cultural Literacy Practices: Preschool – Grade 8

June 22-23, 2009
 Two Day workshop-limited to 25 participants
 Monday, June 22, 2009 - Tuesday, June 23, 2009 8:30 am - 5:00 pm

Going with the Resistance: A Paradoxical Approach to Power Struggles with Teens

June 23, 2009
 6 hour workshop-limited to 40 participants
 Tuesday, June 23, 2009 - 8:30 am - 5:00 pm

ASL Math Signs

June 23, 2009
 3 hour workshop -Limited to 40 participants
 Tuesday, June 23, 2009 - 8:30 am - 12:00 pm

optional events

**Banquet with Entertainment
 Thursday, June 25, 2009
 \$45.00 per person**

We welcome you to invite your partner/spouse/friend to join us for this event.

I would like to bring a guest for the fee of \$45
 Guest Name: _____

**Baseball Game
 Boston Red Sox vs. Nationals
 Wednesday, June 24, 2009
 \$25.00**

I would like to purchase _____ tickets for the fee of \$25 each.

**5K Run/Walk
 June 25, 2009
 No Charge**

I would like to participate in the 5K Run/Walk

payment information

A credit card number, P.O., or check must accompany this form and be received by June 19, 2009. Please...only one form of payment per registration form. Make checks payable to CAID.

Pay by check
 Pay by P.O. Number _____

Mail your check or purchase order to:
 CAID
 P.O. Box 337
 Bedford, TX 76095-0377

Pay by Credit Card
 Master Card VISA
 Mail your credit card order to:
 Julie Greenfield, CMP
 CAID Conference
 Suite 3400 KDES
 800 Florida Avenue, NE
 Washington, DC 20002

Credit Card Account Number	Expiration Date Note: All credit cards must be valid through the dates of the event.	Your credit Card's CID Number
Cardholder's Name	Cardholder's Signature	Today's Date

Billing Address (If Different from Preferred Mailing Address)

City _____ State/Province _____ Zip/Postal Code _____ Country _____

PREVIOUS PAGE \$ _____ + EVENT FEES \$ _____ = TOTAL CONFERENCE COST \$ _____