



## Membership and Meeting Registration Form

### PURPOSE:

Our purpose is to function as the national voice of state agencies serving Deaf and Hard of Hearing people and promote the implementation of best practices in the provision of services.

### MEMBERSHIP BENEFITS:

- \* To provide resources and consulting to improve equal access opportunities to effective communication.
- \* To create best practices in the federal, state, and local provision of services
- \* To provide a forum for administrators of state agencies to study, deliberate, and act upon matters affecting services to deaf and hard of hearing persons.
- \* To receive a discount on the program registration.

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**Please check the 2018 membership due (January to December):**

**DEADLINE: January 14, 2018**

- Annual Fee - \$200 (2018)
- 2 Years - \$400 (2018 & 2019)
- 3 Years - \$600 (2018, 2019, & 2020)

**AGENCY NAME:** \_\_\_\_\_



## MEETING REGISTRATION

NASADHH 2018 Annual General Meeting on **July 3, 2018**

Marriott Hartford Downtown

200 Columbus Blvd

Hartford, CT. 06103

REGISTRATION FEES	Prior to April 30, 2018	After April 30, 2018
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(Registration not accepted after June 15th, 2018)

<input type="checkbox"/> NASADHH member	\$100	\$150
<input type="checkbox"/> Non-Member	\$300	\$350
<input type="checkbox"/> Additional Staff Participant (non-voting)	\$75	\$100

*(Included in fee: meals/refreshment, speakers, A/V media, and communication accommodation)*

NAME(S): \_\_\_\_\_

Agency Name: \_\_\_\_\_

Print Name(s) for Badge: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Special Communication Needs: \_\_\_\_\_



## PAYMENT

- 1. Membership Due: \$ \_\_\_\_\_
- 2. Registration Fees: \$ \_\_\_\_\_
- 3. Credit Card (\$20): \$ \_\_\_\_\_
  
- Total:** \$ \_\_\_\_\_

Enclosed is Check # \_\_\_\_\_ payable to NASADHH.

Credit Card (please circle):          Visa          MasterCard

Name as it appears on Card: \_\_\_\_\_

Account# \_\_\_\_\_ . Exp. Date: \_\_\_/\_\_\_ 3-digit CVV \_\_\_ \_\_

Billing Address and Zip Code: \_\_\_\_\_

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**NOTE: Please add credit card charge fee of \$20 to the total amount**

Please make your check payable to National Association of State Agencies of the Deaf and Hard of Hearing (NASADHH) and mail the check and the completed form to:

**NASADHH**  
**Steven A. Florio, Treasurer**  
**11 Madison Ave**  
**Franklin, MA 02038**