



Membership and PD/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 gain access to NASADHH's Basecamp, an online networking center for all state agency administrators
- * 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.

Please check the 2019 membership due (January to December):
DEADLINE: January 31, 2019

- Annual Fee - \$200 (2019)
- 2 Years - \$400 (2019 & 2020)
- 3 Years - \$600 (2019, 2020, & 2021)

AGENCY NAME: _____



MEETING REGISTRATION

NASADHH 2019 National Policy Summit on Deaf and Hard of Issues and Professional Development will be held on **August 14, 2019** in Washington, DC. (TDI's Biennial Conference will be held on the same week in Washington, DC.)

REGISTRATION FEES	Prior to May 31, 2019	After May 31, 2019
-------------------	-----------------------	--------------------

(Registration not accepted after July 15th, 2019)

<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: _____

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