



NASADHH 2020 Membership 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 2020 membership due (January to December):
DEADLINE: January 31, 2020

- Annual Fee - \$200 (2020)
- 2 Years - \$400 (2020 & 2021)
- 3 Years - \$600 (2020, 2021, & 2022)

AGENCY NAME: _____



PROFESSIONAL DEVELOPMENT/MEETING 2020 REGISTRATION FORM

NASADHH 2020 Professional Development, Networking, and Business Meeting will be held on

June 29th and 30th **2020** in Chicago, Illinois

(NAD Conference will be held on the same week in Chicago, Illinois)

REGISTRATION FEES	Prior to May 1, 2020	On and after May 1, 2020
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(Registration not accepted after May 29, 2020)

<input type="checkbox"/> NASADHH member	\$200	\$250
<input type="checkbox"/> Non-Member	\$400	\$450
<input type="checkbox"/> Additional Staff Participant (non-voting)	\$125	\$175

(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 American Express

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