



NCRID 2007 Conference  
June 22, 23 2007  
Crown Plaza Hotel  
Charlotte, NC

**Conference Registration**

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

Accommodation Requests (must be received by June 5, 2007)

- Interpreting/Transliterating
- Low-Vision/Tactile
- Other

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**1.2 CEU's OFFERED. To receive specific rates, your completed application and check must be postmarked by the due date given.**

<b>REGISTRATION RATES FOR:</b>	<b><u>EARLY</u> Now-April 30</b>	<b><u>REGULAR</u> May 1-June 5</b>	<b><u>LATE</u> after June 5</b>
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<b>Member</b>	<b>\$90.00</b>	<b>\$120.00</b>	<b>\$150.00</b>
<b>Non-Member</b>	<b>\$120.00</b>	<b>\$150.00</b>	<b>\$180.00</b>
<b>Deaf</b>	<b>\$50.00</b>	<b>\$80.00</b>	<b>\$110.00</b>
<b>Student</b>	<b>\$50.00</b>	<b>\$80.00</b>	<b>\$110.00</b>
<b>One day only</b>	<b>\$75.00</b>	<b>\$90.00</b>	<b>\$105.00</b>

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**\*\*Refund Policy: Refunds must be submitted in writing and received by June 5, 2007\*\***

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Conference Location:  
**Crown Plaza, Charlotte**  
**201 South McDowell**  
**Charlotte, NC 28204**  
**704-372-7550 X7227 (for reservations)**  
 Rate: \$79.00

Meals provided: Friday, lunch and dinner; Saturday, breakfast and lunch  
Registration must be postmarked by June 5<sup>th</sup> to guarantee meals.

Send completed Application form and check payable to 5-Points RID to:  
**Kim Barden, Conference Co-Chair**  
**10201 Arbor Dale Ave**  
**Charlotte, NC 28215**  
 704-965-3982

Email: kim.barden@cpcc.edu

You will receive an email confirming your conference registration and any accommodation request you have made. You are responsible for making your hotel reservation.