



NCRID REGISTRATION FORM
1-Day Conference/General Elections
June 21, 2008



NAME: _____

ADDRESS: _____ City _____ State _____ ZIP _____

HOME TELEPHONE: _____ Email: _____

List special accommodations: Circle: Interpreting / Transliterating Other _____
(All special requests must be made by June 1) Low Vision / Tactile Interpreting



0.4 ceu's offered — (pending RID approval)

REGISTRATION:

(attach copy of membership card)

Member rate:

Non-Member rate:

Table with 3 columns: Registration Type, Member rate, Non-Member rate. Rows include Early Bird Rate, Regular Registration, After June 5 and at the Door, and Student rate.

Conference Location: Embassy Suites; 204 Centreport Dr; Greensboro, NC 27409; Phone: 336-668-4535
Rate: \$109.00 per night (includes full breakfast and Friday night Manager's Reception)

Hotel Space is limited, please reserve early. Ask for the NCRID special rate.

Lunch will be provided. (Circle: Regular / Vegetarian)

To guarantee your lunch reservation, registration must be received by April 28.

Refund Policy: (All refund requests must be submitted in writing to Pat Strider before June 1.)

Registration Fee Enclosed : \$ _____ (Check #: _____)

Make checks payable to: NCRID Send this registration form and check to:

Pat Strider
600 Graceland Drive
Asheboro, NC 27205

EMAIL: pstrider@triad.rr.com

(Make a photocopy of this form for your records.)

Confirmation of your payment will be sent to you via email. Your receipt will be available on the day of the Conference.