2020 ICDA-US Midwest Regional Conference
Registration Form APRIL 24 & 25, 2020 Hyatt Regency Lisle, 1400 Corporetum Drive, Lisle IL

GENERAL INFORMATION per person (*please print*)

Name:							
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City:			S	itate:		2	ip:
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Email A	ddress:						
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Please ch	neck any that apply:						
0	Deaf	0	Hearing		Ο	Deaf/Blind	
0	Moderator	0	Delegate		Ο	ICDA-US Chapte	r #
0	Special Needs (Low vision, G-F, Veg, etc) please specify:						
REGISTRATION/EVENT FEE (check one) - included Friday & Saturday		MEMBER		NON-MEMBER	SENIORS 62+		
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U^{\$}140 O\$**145 ○*135** Standard O^{\$} 75 O^{\$} 75 **○**^{\$} 75 **Saturday Banquet ONLY**

Friday dinner and Saturday luncheon will be provided. Please check off "Special Needs" above if you're a Gluten-Free/Vegetarian.

Preference of Banquet on Saturday (please select one):

0	Chicken	Breast
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Iron Sirloin Steak

Ο

Ο **Fish** (Salmon)

Vegetarian Ο

Please make a check or money order payable to **2020 ICDA-US MWR** (US FUNDS) and mail it with this form to: 2020 ICDA-US MWR, PO BOX 87253, Carol Stream, IL 60188-8751

REGISTRATION DEADLINE: POSTMARKED ON OR BEFORE APRIL 2, 2020

Visit at www.deafcatholicjoliet.org, select online payment button to make registration online via PayPal (with a small fee) for full payment. Or mail and must pay full by deadline before April 2, 2020.

CANCELLATION POLICY

- No full refund after April 2, 2020. In case of an extreme emergency, a portion of the registration may be refunded

- If a person is a "no-show", registration is non-refundable

I, the undersigned, understand and agree to the above cancellation policy.

Signature:

Date:

- For more info about registration, contact us at midwesticda2020@gmail.com, 630/517-0525 VP to leave a message or visit deafcatholicjoliet.org -