



UTRID Conference of Interpreters 2008
SCCDHH - Taylorsville, Utah - June 11-14, 2008

Additional Conference information can be found on our website: www.utrid.org/unite

COMMUNITY REGISTRATION FORM

For Utah Deaf Community Members / Banquet Guests
(IF YOU NEED CEUs FOR RID OR ASLTA, YOU MUST USE STANDARD REGISTRATION FORM)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ V/TTY/VP

Email Address _____

Emergency Contact _____ Phone _____

ASL will be the standard for communication at all events.

Please contact registration chair to request any special accommodations by May 20, 2008.

Workshop Registration: FREE

Please indicate which days you would like to attend workshops.

Wednesday

Thursday

Friday

Saturday

Friday Night Banquet / Awards / Entertainment Registration: \$20.00

Beef

Chicken

Vegetarian

Vegan

Special dietary needs? None or indicate here:

Saturday Business Meeting / Pizza Luncheon Registration: \$5.00

Special dietary needs? None or indicate here:

Total Payment:

Amount enclosed: \$ _____

Donation (2008 Conference): \$ _____

Total amount enclosed: \$ _____

Check

Money Order

Charges apply for returned checks. No Purchase Orders.

Refunds: (All requests must be made in writing)

Refunds policy as follows:

75% if request postmarked before May 1, 2008

50% if request postmarked before May 20, 2008

No refunds after May 20, 2008

Mail Payment to: UTRID, PO BOX 271175, Salt Lake City, Utah 84121-1175

(You may also give registration form and payment to any committee member)