



**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](http://www.utrid.org/unite)*

Name \_\_\_\_\_ RID Member # \_\_\_\_\_  
 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.**

**REGISTRATION:**

**Full Registration**-Includes all conference activities (including banquet & luncheon)

Registration form/payment must be postmarked before	<b>Early</b> Postmarked before May 1	<b>Regular</b> Postmarked after May 1	<b>On-Site</b>
<b>UTRID Member</b>	<input type="checkbox"/> \$130	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
<b>Non-Member</b>	<input type="checkbox"/> \$160	<input type="checkbox"/> \$180	<input type="checkbox"/> \$230

*\*UTRID will honor out of state Affiliate Chapter Memberships for the UTRID Member Price. Current membership card or letter required.*

**Daily Registration**-Includes conference events of the days indicated (Friday includes banquet & Saturday includes luncheon)

	<b>6/11/08</b> Wednesday	<b>6/12/08</b> Thursday	<b>6/13/08</b> Friday*	<b>6/14/08</b> Saturday*
<b>UTRID Member</b> (postmarked before May 1)	<input type="checkbox"/> \$20	<input type="checkbox"/> \$50	<input type="checkbox"/> \$65	<input type="checkbox"/> \$60
<b>UTRID Member</b> (postmarked after May 1)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$60	<input type="checkbox"/> \$75	<input type="checkbox"/> \$70
<b>Non-Member</b>	<input type="checkbox"/> \$45	<input type="checkbox"/> \$90	<input type="checkbox"/> \$105	<input type="checkbox"/> \$100

**STUDENT RATE** (Available for non-certified, full-time ITP students; deduct \$30 from full registration fee)

**Friday Banquet / Saturday Luncheon:** Please indicate if you have any special dietary needs:

- Beef                       Chicken                       Vegetarian                       Vegan

**Totals:**

Registration amount enclosed: \$ \_\_\_\_\_  
 Donation (2008 Conference): \$ \_\_\_\_\_  
 Total amount enclosed: \$ \_\_\_\_\_  
 Check                       Money Order

**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

*Charges apply for returned checks. No Purchase Orders.*

**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)