



INTERNATIONAL CATHOLIC DEAF ASSOCIATION - US SECTION

37th Biennial Midwest Regional Conference

Marriott Airport

Cleveland, Ohio

April 16 - 17, 2010

Registration Form

ONE REGISTRATION FORM PER PERSON

Make copies for more than one person

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TTY [] VOICE [] VP [] PHONE # _____

FAX # _____

EMAIL ADDRESS _____

If you are delegate or moderator for your ICDA Chapter, please check. Delegate [] Moderator []

DEAF [] HEARING [] DEAF-BLIND [] ICDA CHAPTER # []

OTHER SPECIAL NEEDS/FOOD RESTRICTIONS, PLEASE SPECIFY _____

Registration Order	Registration	Hospitality Friday	Banquet Saturday	Total	Check One √
ICDA Member	\$30.00	\$15.00	\$40.00	\$85.00	<input type="checkbox"/>
Non-Member	\$35.00	\$15.00	\$40.00	\$90.00	<input type="checkbox"/>
Senior Citizen (65 & Over)	\$20.00	\$15.00	\$40.00	\$75.00	<input type="checkbox"/>
Saturday only	\$15.00	-----	\$40.00	\$55.00	<input type="checkbox"/>

Total amount due \$ _____

**Please make check payable to
Conference Fund.**

Deadline: March 27, 2010

Check # _____ or Money Order

Non-refundable *

*If unforeseeable events cause cancellation, please notify us by email in advance. Thx

**Please mail the registration form and
your payment to:**

ICDA-US Midwest

Conference 2010

PO Box 811272

Cleveland, Ohio 44181

Attn: Lu Collins/Mary Juhnke

For more info about registration, email to CLEVCATHDEAF@AOL.COM or call VP Lu 440-484-3193 or Mary 440-201-7333.