



PASSPORT TO ANYWHERE: YOUR SKILLS CAN TAKE YOU THERE

ARKANSAS REGISTRY OF INTERPRETERS FOR THE DEAF

2015 BIENNIAL CONFERENCE - LITTLE ROCK, ARKANSAS

Printable Registration Form* -- For more information regarding this conference please visit arkansasrid.org

Name: _____ ARID Number: _____

Phone Number: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

| | | |
|--|--|--|
| Please select your Travel Group: <input type="checkbox"/> World Traveler <input type="checkbox"/> Presenter <input type="checkbox"/> Student Support Staff <input type="checkbox"/> Planning Committee | State Necessary Accommodations: <input type="checkbox"/> Interpreting Services <input type="checkbox"/> Other: _____ | Dietary: <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Food Allergy: _____ <input type="checkbox"/> No Allergy |
|--|--|--|

EARLY BIRD:
MAR 1 – APR 30

REGULAR:
MAY 1 – JUNE 16

AT THE DOOR:
JUNE 18 – JUNE 20

A LA CART
MAR 1 – JUNE 20

Member Rates:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Pre-Conference only, \$100 | <input type="checkbox"/> Pre-Conference only, \$120 | <input type="checkbox"/> Pre-Conference only, \$145 | <input type="checkbox"/> Thursday Conf. only, \$100 |
| <input type="checkbox"/> Conference Only, \$215 | <input type="checkbox"/> Conference only, \$250 | <input type="checkbox"/> Conference only, \$275 | <input type="checkbox"/> Thursday Lunch only, \$25 |
| <input type="checkbox"/> Combination, \$300 | <input type="checkbox"/> Combination, \$340 | <input type="checkbox"/> Combination, \$365 | <input type="checkbox"/> Thursday Dinner only, \$35 |

Non-member Rates:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Pre-Conference only, \$145 | <input type="checkbox"/> Pre-Conference only, \$175 | <input type="checkbox"/> Pre-Conference only, \$210 | <input type="checkbox"/> Friday Conf. only, \$100 |
| <input type="checkbox"/> Conference Only, \$275 | <input type="checkbox"/> Conference only, \$320 | <input type="checkbox"/> Conference only, \$350 | <input type="checkbox"/> Friday Lunch only, \$25 |
| <input type="checkbox"/> Combination, \$365 | <input type="checkbox"/> Combination, \$415 | <input type="checkbox"/> Combination, \$445 | <input type="checkbox"/> Friday Dinner only, \$35 |

Add a 2015-2016 FY Membership:

- | | | |
|--|--|---|
| <input type="checkbox"/> Voting Membership, \$35 | <input type="checkbox"/> Supporting Membership, \$25 | <input type="checkbox"/> Student Membership, \$15 |
|--|--|---|

- | |
|---|
| <input type="checkbox"/> Saturday Conf. only, \$100 |
| <input type="checkbox"/> Saturday Lunch only, \$25 |

Please Total your Conference Registration and membership, complete the form above and mail payment to:

ARID
P.O. Box 46511
Little Rock, AR 72214

*Please only use the printable form if necessary, otherwise please register online at www.arkansasrid.org.
If interested in Food only options please contact the BPC Chair at vicepres@arkansasrid.org

ARKANSAS REGISTRY OF INTERPRETERS FOR THE DEAF
PO BOX 46511 LITTLE ROCK, ARKANSAS 72214
ARKANSASRID.ORG