



# NDEM Conference Group Registration Form

Make Checks out to: Deaf Evangelism Ministry

Mail Registration Forms ***Before April 30th*** with Check to:

Sis. Mendy Olson • 1410 Alcan Dr • Menasha, WI 54952

## Group Information:

Church Name: \_\_\_\_\_  
 Church Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Pastor's Name: \_\_\_\_\_ Church Phone: \_\_\_\_\_  
 Church Coordinator: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 District Coordinator: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Registration-Person 1

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Video Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_    Can Receive Text

Interpreting Level:  Beginner  Intermediate  Advanced /  Yes  No Willing to Interpret at Conference

Interpreting Certifications:  State  RID  NAD  NIC  Other   Level \_\_\_\_\_

Deaf Track \$100 /  Interpreting Track \$105 /  CEU Track \$180 /  Leadership Track \$175

Nursery DayCare (0-5) \$50 /  Children's Track (6-11 yrs) \$80 /  Youth Track (12-17 yrs) \$80

Book Ad 1/4 Page \$50 /  Book Ad Half Page \$100 /  Book Ad Full Page \$200 \*\*   **Cost: \$** \_\_\_\_\_

Vendor Table \$40 /  Meet & Greet \$20 /  Lunch (Daily) \$48   **Subtract:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

## Registration-Person 2

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Video Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_    Can Receive Text

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Vendor Table \$40 /  Meet & Greet \$20 /  Lunch (Daily) \$48   **Subtract:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

***\*\*Deadline to have ad in the Program Book is May 31st***

### Registration-Person 3

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

Video Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Can Receive Text

Interpreting Level:  Beginner  Intermediate  Advanced /  Yes  No Willing to Interpret at Conference

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**TOTAL:** \_\_\_\_\_

### Registration-Person 4

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

Video Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Can Receive Text

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**TOTAL:** \_\_\_\_\_

### Registration-Person 5

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**TOTAL:** \_\_\_\_\_

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## Registration-Person 6

I am  Deaf /  Hearing     Male /  Female     Adult /  Child    Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**TOTAL:** \_\_\_\_\_

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## Registration-Person 7

I am  Deaf /  Hearing     Male /  Female     Adult /  Child    Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

Video Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Can Receive Text

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**TOTAL:** \_\_\_\_\_

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## Registration-Person 8

I am  Deaf /  Hearing     Male /  Female     Adult /  Child    Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

Video Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Can Receive Text

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## Registration-Person 9

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**TOTAL:** \_\_\_\_\_

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## Registration-Person 10

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**TOTAL:** \_\_\_\_\_

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## Registration-Person 11

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**TOTAL:** \_\_\_\_\_

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## Registration-Person 12

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

Video Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Can Receive Text

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Vendor Table \$40 /  Meet & Greet \$20 /  Lunch (Daily) \$48   **Subtract:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

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## Registration-Person 13

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

Video Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Can Receive Text

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Book Ad 1/4 Page \$50 /  Book Ad Half Page \$100 /  Book Ad Full Page \$200 \*\*   **Cost: \$** \_\_\_\_\_

Vendor Table \$40 /  Meet & Greet \$20 /  Lunch (Daily) \$48   **Subtract:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

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## Registration-Person 14

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

Video Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Can Receive Text

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**TOTAL:** \_\_\_\_\_

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## Registration-Person 15

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**TOTAL:** \_\_\_\_\_

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## Registration-Person 16

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Vendor Table \$40 /  Meet & Greet \$20 /  Lunch (Daily) \$48   **Subtract:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

---

## Registration-Person 17

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**\*\*Deadline to have ad in the Program Book is May 31st**

## Registration-Person 18

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**TOTAL:** \_\_\_\_\_

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## Registration-Person 19

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**TOTAL:** \_\_\_\_\_

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## Registration-Person 20

I am  Deaf /  Hearing    Male /  Female    Adult /  Child   Parent's Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

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# *NDEM Conference 2023 Dallas TX*

## *Group Registration Form*

*Mail Registration Forms and Checks to:*

*Sis. Mendy Olson*

*1410 Alcan Dr*

*Menasha, WI 54952*

<b>Registration</b>	<b>Names</b>	<b>Amount</b>
Registration-Person 01		
Registration-Person 02		
Registration-Person 03		
Registration-Person 04		
Registration-Person 05		
Registration-Person 06		
Registration-Person 07		
Registration-Person 08		
Registration-Person 09		
Registration-Person 10		
Registration-Person 11		
Registration-Person 12		
Registration-Person 13		
Registration-Person 14		
Registration-Person 15		
Registration-Person 16		
Registration-Person 17		
Registration-Person 18		
Registration-Person 19		
Registration-Person 20		
<b>Registration-Total</b>	<b>Make Check out for</b>	<b>\$</b>