



# NDEM Conference Registration Form

Make out Checks to: Deaf Evangelism Ministry

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

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

**Church Information:** Church Name: \_\_\_\_\_

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

Pastor's Name: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Church Coordinator: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

District Coordinator: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Registration:**     Deaf /  Hearing     Male /  Female

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 \_\_\_\_\_     N/A

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

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

Vendor Table \$40 /  Meet & Greet \$20 /  Lunch (Tues-Fri) \$48    Cost: \$ \_\_\_\_\_

**Spouse:**     Deaf /  Hearing     Male /  Female

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

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

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

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

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

Vendor Table \$40 /  Meet & Greet \$20 /  Lunch (Tues-Fri) \$48    Cost: \$ \_\_\_\_\_

**Child-1**     Deaf /  Hearing     Male /  Female    B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

**Child-2**     Deaf /  Hearing     Male /  Female    B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

**Child-3**     Deaf /  Hearing     Male /  Female    B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

(If you have more children you can write them on the back)

Cost: \$ \_\_\_\_\_

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

**Total Cost: \$ \_\_\_\_\_**