

NDEM Conference Registration Form Make out Checks to: <u>Deaf Evangelism Ministry</u>

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

Christy Singleton ● 2494 Bear Creek Dr ● Wentzville, MO 63385

ONE DAY PASS

Church Info	ormation: Church N	ame:					
Church Addres	s:	City:			State:	Zip:	
		Church Phone:					
	ator: Cell Phone:						
District Coordi	inator: Cell Phone:						
_	n: □ Deaf / □ Hea						
First Name:		Last Nar	ne:				
Email Address:				B-day: _	/	/	
Video Phone: _		Cell Phone:		🗆 Car	n Receive 1	ext	
Interpreting Le	evel: 🗆 Beginner 🗆 Inte	ermediate 🗆 Advanced	d/□ Yes□ N	o Willing to	Interpret	at Conference	
Interpreting Co	ertifications: State	□ RID □ NAD □ NIC	☐ Other L	evel	□ N/	A	
☐ Deaf Track \$	40 / □ Hearing Track \$	45 / 🗆 CEU Track \$65 /	′ □ Leadershi _l	p Track \$60			
□ Book Ad 1/4	Page \$50 / □ Book Ac	d Half Page $\$100$ / \Box Bo	ook Ad Full Pa	ge \$200 **			
□ Vendor Tabl	e \$40 / □ Meet & Gree	et \$20 / ** Lunch Not I	ncluded	Cos	t: \$		
•	□ Deaf / □ Heariı	=					
Email Address:				B-day: _	/	/	
Video Phone: _		Cell Phone:			Can Receive Text		
☐ Deaf Track \$	40 / 🗆 Hearing Track \$	45 / 🗆 CEU Track \$65 /	′ □ Leadershi	p Track \$60			
□ Book Ad 1/4	Page \$50 / □ Book Ad	d Half Page \$100 / \Box Bo	ook Ad Full Pa	ge \$200 **			
□ Vendor Tabl	e \$40 / 🗆 Meet & Gre	et \$20 / ** Lunch Not	Included	Cost	:: \$		
	□ Deaf / □ Hearing						
☐ Nursery Day	Care (0-5) \$25 / ☐ Chil	dren's Track (6-11 yrs)	\$40 / 🗆 Yout	h Track (12-	17) \$40		
Child-2 First Name:	☐ Deaf / ☐ Hearing	☐ Male / ☐ Female Last Name:					
	·Care (0-5) \$25 / □ Chil						
	□ Deaf / □ Hearing						
☐ Nursery Day	Care (0-5) \$25 / \square Chil more children you can	dren's Track (6-11 yrs)	\$40 / 🗆 Yout			_	
	,		-		Cost: \$		

**Deadline to have ad in the Program Book is <u>May 31st</u>

Total Cost: \$