



NDEM Conference Group Registration Form

Make Checks out to: Deaf Evangelism Ministry
Mail Registration Forms **Before JUNE 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 \$100 / CEU Track \$175 / Leadership Track \$175
 Children's Track \$80 (6-11 yrs) / Youth Track \$80 (12-17 yrs)
 Book Ad Half Page \$25 Book Ad Full Page \$50 Vendor Table \$40 **Cost: \$** _____

I am a Monthly Donor of \$35 a month **-\$100.00** **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
Interpreting Level: Beginner Intermediate Advanced / Yes No Willing to Interpret at Conference
Interpreting Certifications: State RID NAD NIC Other Level _____
 Deaf Track \$100 / Hearing Track \$100 / CEU Track \$175 / Leadership Track \$175
 Children's Track \$80 (6-11 yrs) / Youth Track \$80 (12-17 yrs)
 Book Ad Half Page \$25 Book Ad Full Page \$50 Vendor Table \$40 **Cost:** _____

I am a Monthly Donor of \$35 a month **-\$100.00** **Subtract:** _____
TOTAL: _____

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

Interpreting Certifications: State RID NAD NIC Other Level _____

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

Children's Track \$80 (6-11 yrs) / Youth Track \$80 (12-17 yrs)

Book Ad Half Page \$25 Book Ad Full Page \$50 Vendor Table \$40 **Cost: \$** _____

I am a Monthly Donor of \$35 a month **-\$100.00** **Subtract:** _____

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

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

Interpreting Certifications: State RID NAD NIC Other Level _____

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

Children's Track \$80 (6-11 yrs) / Youth Track \$80 (12-17 yrs)

Book Ad Half Page \$25 Book Ad Full Page \$50 Vendor Table \$40 **Cost: \$** _____

I am a Monthly Donor of \$35 a month **-\$100.00** **Subtract:** _____

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: ____/____/____

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 / Hearing Track \$100 / CEU Track \$175 / Leadership Track \$175

Children's Track \$80 (6-11 yrs) / Youth Track \$80 (12-17 yrs)

Book Ad Half Page \$25 Book Ad Full Page \$50 Vendor Table \$40 **Cost: \$** _____

I am a Monthly Donor of \$35 a month **-\$100.00** **Subtract:** _____

TOTAL: _____

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: ____/____/____

Video Phone: _____ Cell Phone: _____ Can Receive Text

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

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Book Ad Half Page \$25 Book Ad Full Page \$50 Vendor Table \$40 **Cost: \$** _____

I am a Monthly Donor of \$35 a month **-\$100.00** **Subtract:** _____

TOTAL: _____

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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Children's Track \$80 (6-11 yrs) / Youth Track \$80 (12-17 yrs)

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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: ____/____/____

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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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Registration-Person 10

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

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

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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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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: ____/____/____

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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: _____

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Registration-Person 14

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

First Name: _____ Last Name: _____

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Registration-Person 15

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

First Name: _____ Last Name: _____

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TOTAL: _____

Registration-Person 16

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

First Name: _____ Last Name: _____

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Registration-Person 17

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

First Name: _____ Last Name: _____

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Registration-Person 19

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

First Name: _____ Last Name: _____

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Registration-Person 20

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

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TOTAL: _____



NDEM Conference 2017 Milford, DE

Group Registration Form

Mail Registration Forms and Checks to:

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

Registration	Names	Amount
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		
Registration-Total	Make Check out for	\$