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**Logo/Image description: two evergreen trees on the outside of 3 snow-capped mountains with a downstream river. Northwest DeafBlind Conference is on the bottom both in braille and text.**

**March 27-30, 2018**

**Washington Athletic Club (WAC)**

**1325 6th Ave, Seattle, WA 98101**

**Registration Form - DeafBlind Attendee**

**GENERAL INFO:**

**Please print clearly:**

**Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Apt#\_\_\_\_\_\_\_\_**

**City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_Text \_\_\_ VP \_\_\_Voice \_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ Female \_\_\_ Male \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of emergency, please list a person we can contact:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Voice VP Text**

**You must bring your own SSP for this conference. Who will be your SSP?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your SSP needs to put your name on their SSP registration form. If you plan to bring 2 SSPs, you need to contact nwdbcreg@gmail.com for more information.**

**COMMUNICATION INFO**

**Which do you prefer to read conference information?**

**\_\_\_ Email**

**\_\_\_ Regular Print**

**\_\_\_ Large Print**

**\_\_\_ Braille G1**

**\_\_\_ Braille G2**

**Describe your hearing:**

**\_\_\_ Deaf**

**\_\_\_ Hard of hearing and cannot understand speech**

**\_\_\_ Hard of hearing and can understand speech**

**Describe your vision:**

**\_\_\_ Blind**

**\_\_\_ Close vision**

**\_\_\_ Tunnel vision**

**\_\_\_ Usher Syndrome**

**\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Which communication mode do you prefer?**

**\_\_\_ PTASL**

**\_\_\_ ASL**

**\_\_\_ PSE (English Signs and ASL mixed)**

**\_\_\_ English Signs**

**\_\_\_ Oral/Lipreading**

**\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For workshops and presentations, which do you prefer?**

**\_\_\_Platform interpreter**

**\_\_\_Tactile interpreter**

**\_\_\_Close Vision interpreter**

**\_\_\_Voice interpreter or FM system**

**\_\_\_CART**

**\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If tactile, do you read signs with:**

**\_\_\_Left hand**

**\_\_\_Right hand**

**\_\_\_Both**

**For SSP/volunteer interpreter, which do you prefer:**

**\_\_\_Male**

**\_\_\_Female**

**\_\_\_Doesn’t matter**

**\_\_\_Deaf**

**\_\_\_Hearing**

**\_\_\_Doesn’t matter**

**Do you have difficulty with any of the following?**

**\_\_\_Stairs**

**\_\_\_Walking**

**Do you use a wheelchair? \_\_\_ Yes \_\_\_ No**

**If yes, we highly recommend you bring your own wheelchair.**

**Do you use a walker? \_\_\_ Yes \_\_\_ No**

**If yes, we highly recommend you bring your own walker.**

**Note: If you need personal attendant service, you need to bring your own person who can assist you with this and pay for that registration at $150. We will not be responsible for this.**

**Name of PCA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your PCA need to put your name on their registration form.**

**DIETARY NEEDS:**

**Do you have food allergies? \_\_\_ Yes \_\_\_ No**

**If yes, what food are you allergic to?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you require a special diet? \_\_\_ Yes \_\_\_ No**

**If yes, which one is it?**

**\_\_\_Vegan (NO meat, NO dairy, NO cheese, NO eggs)**

**\_\_\_Vegetarian (NO meat, but YES dairy, cheese, eggs)**

**\_\_\_Dairy-free (NO milk, NO cheese, NO butter)**

**\_\_\_Gluten-Free**

**PHOTO/VIDEO RELEASE:**

**By signing this, you agree to allow the Northwest DeafBlind Conference committee of Washington State DeafBlind Citizens, Inc. (WSDBC) to take pictures or videos of you and share it on WSDBC’s website or other social media.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Registrant Date**

**DISCLAIMER:**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that the information I have provided above is correct to the best of my knowledge.  I waive and release Washington State DeafBlind Citizens, Inc (WSDBC), Washington Athletic Club (WAC), the officers, volunteers, agents, and all other sponsors from all claim or liabilities arising from my participation in this conference.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Registrant Date**

**REGISTRATION FEE:**

**$150 for two people (you and your SSP) expires February 10, 2018 or until sold out.**

**\*\*Partial payments can be arranged but you must inform the registration contact at nwdbcreg@gmail.com.**

**\*\*FULL PAYMENT IS DUE BY FEBRUARY 10, 2018\*\***

**Refund Schedule:**

**BEFORE February 10, 2018: 100% refund minus $25 processing fee.**

**BETWEEN February 10 – February 28, 2018: 50% refund minus $25 processing fee.**

**AFTER February 28, 2018: NO refund.**

**DONATIONS:**

**Donations will be accepted and appreciated! You may donate on NWDBC’s website at www.nwdbconference.org/donations. Payment can be made using PayPal, debit or credit card or mail Money Order payable to NWDBC to address below.**

**Questions about registration? Email NWDBCReg@gmail.com.**

**OPTIONS ON SENDING REGISTRATION AND PAYMENT:**

**\*\*NO cash or personal checks accepted\*\***

**E-mail Option:**

**E-mail Registration Form to NWDBCReg@gmail.com;**

**Mail Money Order payable to NWDBC to address below;**

**MUST be postmarked by February 10, 2018.**

**Mail Option:**

**Mail Registration Form and Money Order payable to NWDBC to address below;**

**MUST be postmarked by February 10, 2018**

**Washington State DeafBlind Citizens, Inc.**

**Attn: NWDBC Registration**

**PO Box 2322**

**Seattle, WA 98111-2322**