**Registration Form**

**Tina Childress, Monday, Oct. 19, 9:30 – 2:00**

**J.F. Fick Conference Center, 1301 Sam Perry Blvd, Fredericksburg, VA 22401**

C"APP"italizing on Technology

Please type and print this form if possible.

Name:

Email Address:

Phone/text (only if preferred mode of communication):

School Division:

I am a:

☐ Teacher of the deaf/hard of hearing

☐ Speech-Language Pathologist

☐ Audiologist

☐ Parent of a child who is deaf/hard of hearing

☐ Consumer (deaf or hard of hearing myself)

☐ Other (please specify)

**Accommodations:** (must be received by **October 5)**

Please note **dietary restrictions**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Interpreter needed. Language preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration fee** of **$15.00 includes lunch. This completed registration** form must be **received by October 12**, along with a check for $15.00 made out to “**VSDB”,** and **mailed** to:

**Virginia School for the Deaf and the Blind, Attention: Cashier’s Office, P.O. Box 2069, Staunton, VA 24402**

(We are sorry for the inconvenience of requiring a check to be mailed until we can make other arrangements!)

Questions should be directed to Debbie.pfeiffer@vsdb.k12.va.us