

# Instructional Technology and Education of the Deaf

June 25-27, 2001 ~ Symposium  
June 28-29, 2001 ~ Workshops

National Technical Institute for the Deaf  
<http://www.rit.edu/~techsym>

## Symposium Registration Form

Please copy and mail or fax this completed form to:

E. William Clymer, Symposium Coordinator, NTID/RIT, 52 Lomb Memorial Drive, Rochester, NY 14623-5604

<b>Name (Last, First, MI)</b>		<b>Position/Title</b>	
<input type="checkbox"/> K-12	<input type="checkbox"/> Postsecondary	<input type="checkbox"/> Teaching Faculty	<input type="checkbox"/> Administration <input type="checkbox"/> Technical Support
<b>Institutional Affiliation</b>		<b>Phone</b> Voice TTY	<b>Email</b>  <b>Fax</b>
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip/Postal Code</b>	<b>Country</b>
<b>Interpreter and Other Special Needs</b>		To ensure your requests are fulfilled, registration must be received by June 1, 2001.	
Efforts are being made to serve the needs of a diverse group of registrants. The following services will be provided as resources allow. Please check those services that you intend to use if available:			
<input type="checkbox"/> Sign Language Interpreter	<input type="checkbox"/> Infrared ALD receiver (available with headset and neck loop)	<input type="checkbox"/> Induction Loop receiver (Panara Theater only)	
<input type="checkbox"/> Other special Needs (Please list): _____			

### Registration Worksheet

Symposium Registration	Early	Regular Fee	Student	Amount
	(Before 5/11/01)			
	\$100	\$125	\$50	\$ _____
<b>Workshops</b>				
<i>Thursday</i>				
Workshop Code for your Choices				
____ 1 <sup>st</sup> ____ 2 <sup>nd</sup> ____ 3 <sup>rd</sup>	\$100	\$125	-	\$ _____
<i>Friday</i>				
Workshop Code for your Choices				
____ 1 <sup>st</sup> ____ 2 <sup>nd</sup> ____ 3 <sup>rd</sup>	\$100	\$125	-	\$ _____
			Total Registration	\$ <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span>

### Method of Payment

#### Three Easy Ways to Register

- **Fax:** Complete the "Symposium Registration Form", include your credit card information and fax to 716-475-7588.
- **Mail:** Complete the "Symposium Registration Form", include your check or credit card information and mail to the Symposium Office
- **Phone:** Complete the "Symposium Registration Form", with your credit card ready, call the Symposium Office at 716-475-6704. A copy of your registration form will be mailed to you.

*Registration fees can be paid by check or credit card. Make checks payable to Rochester Institute of Technology. To qualify for the Early Registration fees, your registration materials must be received by May 11, 2001.*

Check Enclosed for \$ \_\_\_\_\_

Charge to my (please circle) MASTERCARD      VISA

Card# \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_