DiiT Workshop Registration Form

You must be deaf or hard of hearing to register for a workshop.

All workshops are held at the Rochester Institute of Technology in Rochester, NY

Instructions

To register, print and complete the three parts of the Registration Form and send payment with all three parts to the address below:

Nina Lalka
RIT/NTID
53 Lomb Memorial Drive
Rosica Hall Suite 1120
Rochester, NY 14623

Questions

For questions, please contact Nina Lalka at:

585-475-6239 (v)
email: nlalka@rit.edu

Workshop Cancelations

Conditions beyond our control may cause us to make changes in the workshops or cancel under-subscribed workshops.

Please verify your registration via email at nlalka@rit.edu before making non-refundable airline reservations.

If you must cancel your registration, and you notify us at least two weeks before the starting date of the workshop, you will receive a 100% refund. If you cancel after that date, you will receive an 80% refund.
Register for two or more workshops and save 20% off your total registration.

Please register me for the following workshop(s):

<table>
<thead>
<tr>
<th>Check</th>
<th>Workshop Title</th>
<th>Date</th>
<th>Cost</th>
<th>Check Your Skill Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Microsoft Excel 2013: Beginning Level</td>
<td>June 5-10</td>
<td>$500</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>3. Grammar Review for Workplace Correspondence</td>
<td>May 23 - 27</td>
<td>$500</td>
<td></td>
</tr>
</tbody>
</table>

Total Registration Fees $_____________

Minus Discount $_____________

Total Cost $_____________
# Registration Form Part 2 – Registration Information

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
</table>

**Home Street Address:**

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
</table>

**Home Phone (V/TTY):**

**E-mail (print clearly):**

**Company Name:**

**Company Street Address:**

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
</table>

**Work Phone (V/TTY):**

**Your Job Title:**

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# Registration Form Part 3 – Payment Information

**IMPORTANT NOTE:** A check, money order, or credit card information must accompany all registrations.

Please check form of payment:

- [ ] Check payable to NTID.
- [ ] Money Order payable to NTID.
- [x] Credit Card. *(Fill in all information.)*
  - [ ] MasterCard
  - [ ] Visa
  - [ ] Other ______________________________

<table>
<thead>
<tr>
<th>Card #:</th>
<th>Expiration Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Card holder’s name as it appears on the card *(please print):*  
Card holder’s signature:  
Total amount to charge to card: $