2024 MIDWESTERN REGIONAL CONFERENCE - INDIVIDUAL

10TH BIENNAL
INDIVIDUAL FORM
INDIANAPOLIS, INDIANA
SATURDAY, AUGUST 2- SUNDAY, AUGUST 4, 2024
CONFERNECE THEME: REFRESH. RENEW. REFOCUS.

ALL REGISTRATION VIA ONLINE - NO CASH AT THE DOOR

BRING YOUR STATE ID TO CHECK-IN

Link: INDIVIDUAL FORM or you can fill out below

* Indicates required question

1. Email *



2. LAST NAME *

FIRST NAME *		
INDIVIDUAL OPTIONS		
Individual Pricing Per Day	<u>Members</u>	Non-Members
Luncheon (Saturday):	\$ 45.00	\$ 65.00
Workshops with CEUs:	\$ 40.00	\$ 60.00
Open Ceremony (Friday):	\$ 45.00	\$ 65.00
Entertainment (Saturday):	\$ 50.00	\$ 70.00
WILL BE RETURNED, IF REQUES	ST MADE ON OR BEFOR ND WILL BE GIVEN UN	·
WRITING.		
ANY QUESTIONS OR CONCERN MWRC.CHAIR@ICBDAINC.ORG	•	
Check all that apply.		
MEMBER LUNCHEON \$45.0	00	
MEMBER WORKSHOPS \$40	0.00	
MEMBER OPEN CEREMON	Y (FRIDAY) \$45.00	
MEMBER ENTERTAINMEN	Γ (SATURDAY) \$50.00	
NON-MEMBER LUNCHEON	•	
NON-MEMBER WORKSHOF		
NON-MEMBER OPEN CERE	MONY (FRIDAY) \$65.00	0

NON-MEMBER ENTERAINMENT (SATURDAY) \$70.00

5.	MEMBER STATUS: *			
	Mark only one oval.			
	MEMBER MEMBER AT-LARGE (MAL) NON-MEMBER			
6.	CHAPTER LOCATION: *			
	Mark only one oval.			
	BUCKEYE BDA			
	CHICAGOLAND BDA			
	CLEVELAND BDA			
	DETROIT BDA			
	INDIANA CHAPTER BDA			
	SAINT LOUIS METRO BDA			
	SAINT PAUL/MINNEAPOLIS BDA			
	MAL			
	NONE			
	Other:			
7.	RID MEMBER#			

8.	AMERICANS WITH DISABILITIES ACT REASONABLE ACCOMMODATIONS REQUEST:
	Mark only one oval.
	CART
	DEAF INTERPRETER
	LOW VISION - FRONT ROW
	ProTactile INTERPRETER
	VOICE INTERPRETER
	NO ADA ACCOMMODATION NEEDED
	Other:
F	OOD SELECTIONS
9.	FOOD ALLERGIES: PLEASE LIST *
	Check all that apply.
	REGULAR - NO ALLERGIES
	NUT ALLERGIES
	GLUTENS FREE
	VEGATARIAN VEGAN
	Other:

Survey Questionnaire

SURVEY WILL BE FOR ICBDA/MIDWEST BDA PURPOSE ONLY AS AN ESTIMATE OF HOW MANY ATTEND THE CONFERENCE. NAMES WILL NOT BE ASSOCIATED WITH THE STATISTIC INFORMATION

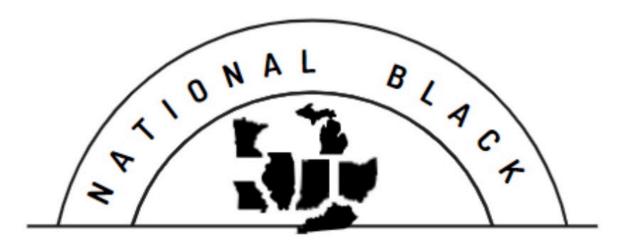
10.	HEARING STATUS: *			
	Mark only one oval.			
	DEAF DEAFBLIND HARD OF HEARING HEARING Other:			
11.	RACE IDENTITY: *			
	Check all that apply.			
	AMERICAN INDIANA OR ALASKA NATIVE ASIAN BLACK OR AFRICAN AMERICAN HISPANIC OR LATINO NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE Other:			
12.	GENDER IDENTITY: *			
	Check all that apply.			
	FEMALE MALE NON-BINARY TRANSGENDER PREFER NOT TO SAY Other:			

Check all that apply. DEAF-ASL INTERPRETER AMERICAN SIGN LANGUAGE-ENGLISH INTERPRETER DEAF ADVOCATE ADVOCATE FOR THE DEAF DEAF TEACHER TEACHER OF THE DEAF DEAF PARENT PARENT OF DEAF CHILD(REN) INTERPRETER CEUS TRAINING GOVERNMENT OFFICIAL TO LEARN ABOUT MY RIGHTS AND ENJOY THE CONFERENCE ALLIES Other:

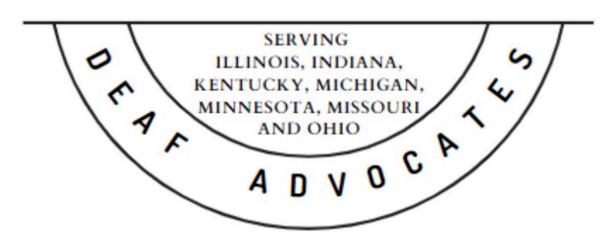
REASON(S) FOR ATTENDING: *

13.

THANK YOU FOR PARTICIPATING IN THE MIDWESTERN CONFERENCE! ANY QUESTIONS OR COMMENTS, PLEASE EMAIL US: mwrc.chair@icbdainc.org



MIDWESTERN REGION



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