



Parent Workshop Registration

Session Two: July 25 - 30, 2009

Please fill out this form if you are planning to attend the parent workshop. The workshop fee is \$15.00 per person for lunch and materials. If you are not planning to attend, no further information is needed. Thank you.

General Information (Please print clearly)

Student's Name _____

Parents' Name(s) _____

Home Address _____

City/Town _____ State _____ Zip Code _____

Home Phone: Voice TTY (_____) _____

Do you require the services of a sign language interpreter? Yes No

Payment

\$ 15.00 per person (includes workshop materials, breaks and lunch)

Number Attending: _____ Amount Enclosed: _____

If paying by check, list check # _____

Make all checks payable to **National Technical Institute for the Deaf (NTID)**

If paying by credit card (please check one)



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Exp. Date (required)

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Cardholder's name as it appears on the card (Please Print clearly) _____

Cardholder's signature as it appears on the card _____

Total amount charged to card \$ _____

To receive a full refund, you must cancel four days prior to the Parent Workshop.