

Investing in Family Support Conference 2009

Scottsdale, AZ

Registration Form

October 4-6, 2009

Name: _____

Organization: _____

Address: _____

City, ST, Zip: _____

Day Phone: _____

Fax: _____

Email: _____

PROFESSIONAL REGISTRATION

CONFERENCE REGISTRATION.....\$99

PARENT REGISTRATION

IF YOU ARE A PARENT ATTENDING THE CONFERENCE
PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:

(NOTE: A PARENT IS SOMEONE WHO IS COMING TO THE
CONFERENCE ONLY AS A PARENT, NOT AS A PROFESSIONAL)

I AM part of a team.....Complimentary

I am a part of the team coming from the state of:

I AM NOT part of a team.....\$99

I am not part of a team, but would like to be put in touch
with a team from the state of:

FOUR EASY WAYS TO REGISTER:

(On-line, fax, and phone registrations must include credit card or
purchase order information.) Registrations must be submitted by
September 25, 2009.

1. ON-LINE: www.infanthearing.org

2. FAX: (435) 797-0636

3. MAIL: Conference Registration Services
Utah State University
5005 Old Main Hill
Logan UT 84322-5005

4. PHONE: 1-800-538-2663 or (435) 797-0423

CONFIRMATIONS:

Confirmations will be mailed out on registrations received at least
seven days prior to the conference. Thereafter, registrants will
receive their receipt at registration.

CANCELLATION & REFUND POLICY:

Refunds will be made to those registrants who must cancel, less a
\$25 processing fee. Written cancellation requests must be
postmarked on or before **September 25, 2009**. No refunds will be
made after that date. Substitutions are welcome. Utah State
University reserves the right to cancel this event or portions
thereof due to insufficient enrollment and limit their liability to
registration refunds only.

METHOD OF PAYMENT

Full Payment is required with Registration (*check one*)

Check payable to: *Utah State University Conference Services*

Purchase order # _____ (please attach copy)

Visa MasterCard AmEx Discover Diners Club

Card # _____

Exp. Date _____

Name as listed on card _____

Signature _____

Cardholders phone # _____

Total Amount Enclosed: \$ _____

SPECIAL NEEDS

**Transcribers/Typewill will be available for the
general sessions. If you require further
accommodations, please specify below.**

I will not need an ASL interpreter

I will need an ASL interpreter:

All sessions

Breakout sessions Only

Reasonable accommodations are available for persons with
disabilities. Please check here for additional information. Fourteen
working days notice is needed to prepare materials & services.

Please check here is you have special dietary considerations and
include an explanation of your requirements.