



PARID Conference November 4-6, 2022
Registration Form
Sheraton Bucks County Langhorne
400 Oxford Valley Rd
Langhorne, PA

PARID use only
Check #:
Amount:
Received:
Confirmed:

Personal Information:

Name: _____ RID Number: _____
 (As you wish it to appear on your name badge)

Phone: (____) _____ Email: _____

Comprehensive Registration

Includes all seminars Friday, Saturday and Sunday.
 There is no single day registration.

	Postmarked by	Early 10/9/22	Regular After 10/9/22
PARID Member		\$150	\$175
Non-PARID Member		\$190	\$230
Student Member of PARID		\$75	\$87

<p>Make Checks Payable to PARID. There is a \$35 fee for returned checks.</p>	<p>Refunds of 75% of the registration fee will be issued if requested in writing to conference@parid.org by 10/9/22.</p>
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Accommodations: Requests cannot be guaranteed if received after 10/9/22.

All sessions will be in ASL only.

_____ No accommodations, I understand ASL.

_____ Other: Specify _____

Payment Information

Registration Fee \$
 Donation \$
 Total Enclosed \$

Return this completed form and payment to:

PARID
 1209 Main St Apt 4
 Bloomsburg, PA 17815

Direct Questions to conference@parid.org.