



Conference site: Hampton Inn - Historical District
1302 N Ponce De Leon Blvd. St. Augustine, FL

PLEASE FILL THIS OUT FOR EACH PERSON AND PRINT CLEARLY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ Email Address: _____

EMERGENCY: Contact: _____ Phone/VP: _____

Please check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Hearing | <input type="checkbox"/> Deaf-Low Vision |
| <input type="checkbox"/> ICDA-US Member | <input type="checkbox"/> ICDA Lifetime Member | <input type="checkbox"/> NON Member |
| <input type="checkbox"/> Chapter Member | Chapter Number # _____ | <input type="checkbox"/> Need Voice Interpreter? |

REGISTRATION/EVENT FEE (check one)

Deadline is before September 5, 2025

Combo (Includes: Friday Dinner, Saturday Lunch & Dinner, and Trolley Ticket)

Day-Hop (Friday Only including Friday Dinner)

Day-Hop (Saturday Only including Saturday Lunch & Dinner, and Trolley Ticket)

Saturday Night Banquet ONLY at DoubleTree

Day-Hop (Sunday Only)

TOTAL

MEMBER	NON-MEMBER
<input type="radio"/> \$150	<input type="radio"/> \$175
<input type="radio"/> \$40	<input type="radio"/> \$55
<input type="radio"/> \$110	<input type="radio"/> \$125
<input type="radio"/> \$60	<input type="radio"/> \$75
FREE	FREE
\$	\$

SPECIAL DIETARY NEEDS (Allergies, G-F, Veg, etc) please specify: _____

No refund after September 5, 2025.

Please make a check or money order payable to
ICDA-US (US FUNDS) and mail this form to:

ICDA-US; c/o 75th BASH; PO BOX 88751;
Carol Stream, IL 60188-8751

For more info about registration, contact us at
theicdaushomeoffice@gmail.com, OR visit ICDA-US.org