

# Employment First! Employment Now! A Connecticut DDS Conference

# REGISTRATION

**REGISTRATION  
DEADLINE—  
JULY 9**

fields with a \* are required

NAME\*: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

ORGANIZATION/AFFILIATION: \_\_\_\_\_

ADDRESS\*: \_\_\_\_\_

CITY\*: \_\_\_\_\_

STATE\*: \_\_\_\_\_ ZIP\*: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL\*: \_\_\_\_\_

Presenter

Exhibitor

I do not want to be added to the ICI mailing list

I will be accompanied to the conference by a support person.

I understand that the support person may attend free of charge and will be registered for the same breakout session that I register for.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

I understand that the support person may attend free of charge and will be registered for the same breakout session that I register for.

Accommodation needs, if any (all requests must be made by JULY 9).

Check if needed:

ASL Interpreter

CART Provider

DeafBlind Tactile

DeafBlind Low Vision

Other (please specify): \_\_\_\_\_

I prefer vegetarian meals.

Food allergies, if any \_\_\_\_\_

I will attend the following two sessions:

## 1 Workshop Session 1 (10:30-11:45)

1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

## 2 Workshop Session 2 (1:30-2:45)

1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

### QUESTIONS? Please contact:

Berenise Reyes-Albino  
617.287.4314 (voice)  
800.720.2396 (toll-free)  
617.287.4350 (TTY)  
617.287.4352 (fax)  
berenise.albino@umb.edu

## METHOD OF PAYMENT

**CONFERENCE FEE: \$20.00**

**We are in the process of revamping our online payment system and currently cannot accept credit cards via the website**

DDS Staff – Enter payment code \_\_\_\_\_

Check – Please mail your check made out to the Institute for Community Inclusion with a copy of this registration form to:

Drew Glazier

ICI/UMass Boston

100 Morrissey Boulevard

Boston, MA 02125

Credit Card – You may submit your credit card information by phone or mail to:

Drew Glazier

ICI/UMass Boston

100 Morrissey Boulevard

Boston, MA 02125

617-287-4337

Please provide the following information:

Card Type:

Cardholder's Name:

Card Number:

Card Expiration Date:

3 Digit Verification Code:

Fee Waiver Requested – you will be contacted by a member of the conference staff