

REGISTRATION FORM

“Codas and Deaf Siblings Come Together”

~~July 19-21, 2010~~

EVENT POSTPONED

SECTION 1: PERSONAL INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone/Day: (_____) _____ Phone/Evening: (_____) _____

Voice TTY VP

Voice TTY VP

Email Address: _____

Female Male

Deaf Hard of Hearing Hearing/Coda

SECTION 2: ACCOMMODATIONS

Cottage On-Campus Housing:

\$15/night per person (double occupancy), available from Sunday, July 18, 2010 to Thursday, July 22, 2010.

Arrival date: _____ Departure date: _____ Total Nights: _____

I want to share my room with (name) _____

I will need a roommate: Female Male

SECTION 3: MEAL REQUEST

I am requesting vegetarian meals : Yes No

SECTION 4: ASL INTERPRETING NEEDS

This retreat will be facilitated in ASL. Please let us know if you will need an ASL interpreter:

I will need ASL interpreting during the retreat: Yes No

3 Easy Steps for Event Registration



doublepride™

Mail registration to:
Double Pride
Attn: Coda/Sibs Retreat
1035 San Pablo Ave. Suite 5
Albany, CA 94706

- 1) Download and Print “Event Registration Form”
 - 2) Complete 2-page form and include check or money order made out to “Double Pride”
 - 3) Mail complete form and payment to address above
- Visit www.doublepride.com for details

