

DISCOVERY 2005 REGISTRATION

PLEASE PRINT OR TYPE.

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

E-mail _____

_____ First time attendee at the Discovery Conference?

_____ I am interested in receiving continuing education units/credits for this conference.

CONFERENCE FEES

FULL CONFERENCE REGISTRATION (Thursday-Saturday)

\$50 per person – Pre-registration: must be postmarked by Oct. 10th

\$75 per person – At the door (cash or check only)

SATURDAY WORKSHOPS ONLY

\$25 per person – Pre-registration ONLY: must be postmarked by Oct 10th · No registration at the door. (1 child 12 or under, free per adult registration for the Recreation Workshop only.)

You will receive a registration receipt card. This card must be presented at the Registration Table at conference check-in, or at the door of the Saturday workshop. Sorry, there are no other discounted fees, one-day fees, or reduced companion rates. No refunds will be made.

Questions? Call the Deicke Center 630-690-7115, ask for Leah Gerlach.

PLEASE CHECK THE SATURDAY WORKSHOP YOU PLAN TO

ATTEND. PRE-REGISTRATION IS REQUIRED SO THAT WE CAN ADEQUATELY PLAN FOR THOSE ATTENDING.

_____ Self Esteem and Self Imaging, How do I feel and how do I look.

_____ Technology

_____ Accessible Recreation and Leisure Activities (_____ Yes, I will be bringing a child.)

PROGRAM MEDIA AND SPECIAL NEEDS

The conference will endeavor to accommodate the services below if requested prior to the pre-registration deadline of Sept. 17. Please check any of the following that you may require during the conference:

- _____ braille program
- _____ large-print program (16 pt.)
- _____ platform interpreter
- _____ restricted field interpreter
- _____ tactile interpreter
- _____ assistive listening device

Other special needs: _____

I have a T-switch on my hearing aid _____

PAYMENT METHOD

Checks: payable to the *Discovery Low Vision Conference*

Credit Card: _____ Visa _____ MasterCard

Card Number: _____

Expiration Date: _____

Print name as it appears on card: _____

Signature: _____

**Mail this completed form, postmarked no later than Sept. 17, to:
Discovery 2004
c/o The Chicago Lighthouse
1850 West Roosevelt Road
Chicago, IL 60608**

<i>Office Use Only:</i>		
<i>Date Received:</i> _____	<i>Check #:</i> _____	<i>Amount:</i> \$ _____
<i>Receipt Card Issued:</i> _____		

LODGING:

Holiday Inn Mart Plaza
350 N. Orleans Street
Chicago, IL 60654

- Rates: \$139 single, \$139 double, +14.9% tax
- Rooms must be guaranteed with a credit card
- Special accommodations must be arranged with hotel.

For room reservations call the Holiday Inn Mart Plaza at (312) 836-5000 by September 12th Be sure to mention the *Discovery Low Vision Conference*. Do not call this number for conference info.