



REGISTRATION

Last Name		First Name	
Company/School Name			
Address			
City	State		Zip Code
Home Telephone Number	Work Telephone Number		Cell Phone Number
Email Address			

<u>Registration Fee:</u>	<u>Fee</u>	<u>Quantity</u>	<u>Total</u>
Registration	\$130.00	X	_____ = _____

Registration form & fee must be returned by March 29, 2019
Make checks payable to: Dakotas AER
“Purchase Orders also accepted”

Academic Credit:

Are you attending this conference for UND Credit? Yes No

Are you attending the conference for ACVREP credit? Yes No

Special Media & Conference Accommodations:

Braille Large Print ASL Electronic Format Orientation to Hotel

Dietary Needs (please specify): _____ Other (please specify): _____

Please Return this Form to:

Attn: Nedra Hoberg
 NDVS/School for the Blind
 500 Stanford Rd
 Grand Forks, ND 58203