



# 17th Biennial Deaf Seniors of America Conference

## June 25-29, 2023 | Hollywood, FL

# Combo Registration Form

**TERMS & CONDITIONS:** Please read the following information carefully before signing.

**CONFIRMATION:** A confirmation letter with ID number assigned to you will be emailed/mailed after a payment received. Please indicate your ID Number in all correspondence with the registration coordinator: Driver's license or personal identification card with photo must be present at the conference registration booth.

**RETURNED (BOUNCED) CHECKS:** A service fee \$50 will be applied to all checks returned by the bank due to non-sufficient funds. Your registration will be processed after payment has been satisfied.

**CANCELLATION AND REFUNDS:** Registration fee is non-refundable on and after April 1, 2023. Phone cancellations are not accepted.

- Hospitalization & medical document will be required after April 1, 2023.
- Death – 100% refund will be mailed after we receive a copy of obituary notice or death certificate.

**NON-TRANSFERABLE:** Your registration is not transferable to another person. If it is sold or exchanged by any unauthorized parties before or during the conference, it will not be honored.

**LOST BADGES:** Processing fee for lost badges is \$50. This fee is not refundable if the lost badge is found.

**MAILING ADDRESS/E-MAIL ADDRESS/VIDEOPHONE NUMBER/TEXT NUMBER:** if there are any changes to your contact address or numbers, please notify the registration chairperson as soon as possible.

**SPECIAL NEEDS REQUESTS:** These are limited to authorized conference activities inside the hotel premises. You may be responsible for arranging special needs outside authorized conference activities at your own expenses.

**DSA MEMBERSHIP DUES ARE NON-REFUNDABLE**

For more information, send an email to:  
[dsa2023reg@deafseniors.us](mailto:dsa2023reg@deafseniors.us)  
 Registration Chair: Kitty Fischer

Name:		
Address:		
City:	State:	Zip Code:
Email Address:		
Videophone:	Text:	

I give DSA permission to list my name on the website YES  NO   
 I am requesting accessibility services

### Combo Rate:

April 1, 2023 to the Door - \$400.00

### Conference Registration includes:

- Registration fee
- DSA membership (\$30.00 non-refundable) dues for 2023-2025
- Program book
- Admission to exhibits, workshops, meetings, entertainment, welcome reception and farewell gala luncheon

### Cancellation Fee

No refund after April 1, 2023

### Mail this form and payment to:

DSA 2023 Hollywood Conference  
 9314 Forest Hill Blvd. #506  
 Wellington, FL 33411

### PLEASE PRINT CLEARLY

- |  |  |
|--|--|
| <input type="checkbox"/> Check / Money Order     | - Payable to: <b>DSA Hollywood 2023 Conference</b>         |
| <input type="checkbox"/> Zelle -                 | - Payable to: <b>treasurer@deafseniors.us</b>              |
| <input type="checkbox"/> Cash App -              | - Payable to: <b>\$DSA2023FUND</b>                         |
| <input type="checkbox"/> Credit Card /Visa or MC | - <b>Add additional \$10.00 if paying with credit card</b> |

Name of the Cardholder: \_\_\_\_\_

Card No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_ CVV: \_\_\_ (3 numbers in back of card)

*I agree to abide by conference rules/regulations. I understand DSA is not responsible for safekeeping of, damage to, or loss of any personal property under my control. I have read and understand the terms and conditions of this form.*

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only.** Registration ID: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

Payment Method: \_\_\_\_\_ Amount Rec'd: \_\_\_\_\_ Deposit Date: \_\_\_\_\_