

# **Registration Information**

## ***Weaving Common Threads and Diversity Among Deaf and Hard of Hearing Adolescents***

***Crowne Plaza St. Louis – Clayton***

***St. Louis, MO***

***October 5-8, 2008***

### ***Goal of the Conference***

**Deaf and Hard of Hearing Adolescents are diverse. Their diversity is represented not only through multiculturalism and ethnicity but in their communication styles, interests, and academic skills. The education system must address the needs of an increasing number of students from diverse ethnic backgrounds and an increasing number of students utilizing cochlear implants and diverse communication styles.**

**Designed to increase participant's awareness of multicultural issues as well as advances in technology and effective classroom teaching practices, this conference will allow the opportunity for education professionals to network and increase awareness of new programs and practices.**

**The Gallaudet University Regional Centers, in collaboration with the University of Arkansas Rehabilitation Research and Training Center (RRTC) on Persons who are Deaf or Hard of Hearing and ADARA, are planning this conference to enhance the educational experience of deaf and hard of hearing teenagers and to assist them in developing autonomy and self-determination.**

**Weaving Common Threads and Diversity Among  
Deaf and Hard of Hearing Adolescents  
October 5-8, 2008  
Tentative Schedule**

**October 5**

1:00 – 7:00	Arrival and Registration
7:00 – 10:00	Opening Keynote Speaker and Welcome Reception

**October 6**

8:30 – 9:45	Breakout Sessions
9:45 – 10:15	Refreshment Break
10:15 – 11:30	Breakout Sessions
11:30 – 1:30	Lunch on own
1:30 – 2:45	Breakout Sessions
2:45 – 3:15	Refreshment Break
3:15 – 4:30	Breakout Sessions

**October 7**

8:30 – 9:45	Breakout Sessions
9:45 – 10:15	Refreshment Break
10:15 – 11:30	Breakout Sessions
11:30 -1:30	Lunch on your own
1:30- 2:45	Breakout Sessions
3:15 – 4:30	Breakout Sessions
7:00 – 10:00	Banquet and keynote presenter

**October 8**

8:30 – 11:00	Closing Plenary Session
--------------	-------------------------

# Registration Form

*Addressing the Diversity of Deaf and Hard of Hearing Adolescents  
Crowne Plaza St. Louis – Clayton  
October 5-8, 2008*

Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  TTY  Voice  VP  
Email \_\_\_\_\_

Sign Language interpreters and CART will be provided. If you have other accessibility requests, please submit by September 1, 2008.

ALD  Vegetarian meals  \_\_\_\_\_  
Deaf-Blind:  Tactile  Close Vision

**Mail Registration (Tuesday Dinner included) Must be postmarked by September 5, 2008**

Full Conference (includes banquet and reception)	\$200.00	_____
Student Registration (copy of School ID required) (must be full-time student)	\$150.00	_____
One-Day ( <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday) (meals not included)	\$75.00	_____
Sunday opening reception	\$30.00	_____
Tuesday banquet	\$50.00	_____

**On-site Registration (After September 15, 2008) (Tuesday dinner not included)**

Full Conference	\$225.00
Student Registration (copy of School ID required)	\$175.00
One-day registration (meals not included)	\$100.00
Sunday opening session	\$40.00

Check Enclosed \_\_\_\_\_ Purchase Order Enclosed \_\_\_\_\_  
Credit Card (Visa or MC only)  
Security code must be included to process. (3 numbers on back of card)  
Card # \_\_\_\_\_ Security code \_\_\_\_\_ Exp date \_\_\_\_\_

*Please enclose a check for the registration fee made payable to Gallaudet University Regional Center.. Requests for refunds must be received in writing by October 1, 2008).*

Mail this form and fee to: Gallaudet University Regional Center  
Flagler College  
P.O. Box 1027  
St. Augustine, FL 32085-1027  
904-819-6433 FAX

**Hotel Room Reservation Form**  
**Deaf and Hard of Hearing Adolescents Conference**  
**October 5-8, 2008**

*Crowne Plaza St.Louis –Clayton*  
*7750 Carondelet Avenue*  
*St. Louis, MO 63150*  
*314-719-1127 FAX*  
*888-303-1749 VOICE*

[www.cpclayton.com](http://www.cpclayton.com) (group booking code DAC)  
(Open corporate, group and IATA Identification to enter code)

**Reservations must be made by September 5, 2008 to receive the listed rates.**

Name: \_\_\_\_\_ Standard \_\_\_\_\_ \$129.00  
Address: \_\_\_\_\_ Deluxe \_\_\_\_\_ \$149.00  
City: \_\_\_\_\_ Suite \_\_\_\_\_ \$169.00  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Name(s) of additional person(s) sharing  
Arrival Date: \_\_\_\_\_ room: \_\_\_\_\_  
Departure Date: \_\_\_\_\_

- All hotel accounts are payable at departure, subject to credit arrangements at time of registration.
- Cancellation of reservation must be received 48 hours prior to scheduled arrival date or you will be charged for first night room rate and tax..
- Listed rates do not include sales taxes and are good from October 2 -12, 2008 if rooms available
- \_\_\_\_\_ Check for first night's deposit and tax enclosed.  
\_\_\_\_\_ Charge the card listed below for first night deposit and tax  
MasterCard # \_\_\_\_\_ Expiration date \_\_\_\_\_  
Visa # \_\_\_\_\_ Expiration date \_\_\_\_\_  
Amex # \_\_\_\_\_ Expiration date \_\_\_\_\_  
Diners # \_\_\_\_\_ Expiration date \_\_\_\_\_  
My telephone number \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_

\_\_\_\_\_ Non-smoking room requested

**Standard Room** – One Queen, One King, or Two Double Beds

**Deluxe Room**- Executive Tower Two Deluxe Queen Beds

**Room accessibility requests**

\_\_\_\_\_ Wheelchair accessible room \_\_\_\_\_ TTY \_\_\_\_\_ Visual Alert Devices

\_\_\_\_\_ Other \_\_\_\_\_

Due to the expected high number of requests, it may not be possible to provide all requested equipment. Assistive equipment will be provided on a first come, first served basis. Every effort will be made to meet all requests. Check-in time is 3:30 pm. Check out time is 12:00 noon.

I understand that I am liable for one night's room tariff and tax which will be covered by my deposit or billed through my credit card in the event that I do not arrive or cancel 48 hours prior to the arrival date indicated. Please fax your room reservation or call the toll free number below.

Signature \_\_\_\_\_ Date \_\_\_\_\_