

TNDB Parents and Professionals Institute
Franklin, TN
November 6th and 7th, 2014

REGISTRATION FORM

APPLICANT INFORMATION

Names: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Email: _____

Phone: _____ Cell: _____

Do you need any special accommodations? (i.e., Interpreter, etc)

PROFESSIONAL INFORMATION

Title: _____

Name of Organization/Business: _____

HOTEL INFORMATION

Will you need Hotel accommodations? Yes No

Number of rooms needed: **Wednesday 11/5** _____ **Thursday 11/6** _____

The conference is being held at the Embassy Suites Cool Springs, 820 Crescent Centre Drive, Franklin, TN 37067. We have negotiated a special rate of \$149.00 per night (plus taxes) for conference attendees. **You are responsible for making your own reservations before Oct. 9th, 2014 in order to receive this rate.** If you are unable to attend and do not cancel your reservation, you will be responsible for any room charges.

For reservations call 1-615-515-5204 or online at

http://embassysuites.hilton.com/en/es/groups/personalized/B/BNAFLES-TDB-20141105/index.jhtml?WT.mc_id=POG

Mention that you are registering for the Tennessee Deaf-Blind Conference.

****When making hotel reservations please inform the hotel of special accommodations/accessible room requests and number of**

adults and children in room. All rooms are suites and include a microwave oven and refrigerator.

MEAL RESERVATIONS

(INDICATE # IN EACH AGE GROUP WHO WILL EAT EACH MEAL PROVIDED)

	Thursday Lunch	Friday Lunch			
Indicate Yes/No					
# adults # children					

Registration Fees

Registration fee includes: All conference materials and lunch on Thursday and Friday. Registered hotel guests receive a free hot breakfast (6am – 9am) and complimentary reception (5:30 – 7:30). See attached sheet for food examples.

Registration Fee	Amount Enclosed:	
**Family(2 adults & 2 children or 1 adult & 3 children)----	\$50*	\$ _____
Extra Family (per child or adult)-----	\$25	\$ _____
Individual/Professionals-----	\$75	\$ _____

Total Payable to TNDB: \$ _____

**** Funding for 20 Tennessee families on the TNDB census** will include: family registration fee (the \$50 registration fee will be refunded to **all** families who attend), and one hotel room for up to 2 nights.

CONTACT INFORMATION

Registration forms and your full registration fee must be received by Oct. 9th, 2014.

Registration forms may be emailed to danna.conn@vanderbilt.edu or faxed to 615-322-1277.

Please send completed form with payment made out to TNDB:

**Tennessee Deaf-Blind Project
3401 West End Ave. Suite 460 W
Nashville, TN 37203**

*****You will receive a confirmation of your registration*****