

Marriott Hotel at San Francisco Airport
 1770 South Amphlett Blvd.
 San Mateo, CA 94402
 NCOD Pastoral Week 2009
 January 16—21, 2009

Daily Registration Form for Local Participants for Pastoral Week 2009

Name: _____ Deaf Hearing

Street Address: _____ First time at PW?

City: _____ State: _____ Zip: _____

Diocese: _____

Phone number: _____ VP TTY Voice Email: _____
 (Where we can reach you if necessary.)

Fax: _____ **Communication** I will use: Voice Interpreter Assistive Listening Device
Needs Tactile Interpreter ASL Interpreter Large Print

Registration

Days to attend	Price	<input checked="" type="checkbox"/> (if attending)	Meals Available/Tour	Price	<input checked="" type="checkbox"/> (if attending)
			Friday Social (01/16)	30.00	<input type="checkbox"/>
Saturday (01/17)	80.00	<input type="checkbox"/>	Saturday Lunch (01/17)	45.00	<input type="checkbox"/>
Sunday (01/18)	80.00	<input type="checkbox"/>	Sunday Banquet (01/18)	75.00	<input type="checkbox"/>
Monday (01/19)	80.00	<input type="checkbox"/>	Are you attending the local Mass and community dinner?	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Tuesday (01/20)	80.00	<input type="checkbox"/>	Tuesday Lunch (01/20)	45.00	<input type="checkbox"/>
Wed. (01/21) (Post Conference)	80.00	<input type="checkbox"/>	Sub-total		
Sub-total			Total Amount Paid		<i>US Funds only</i>

Send payment and registration to: **NCOD; 7202 Buchanan Street; Landover Hills, MD 20784**
 Phone: 301-577-4184 (TTY / VP), 301-577-1684 (Voice and Fax). Email: info@ncod.org; Website: http://www.ncod.org

Please send your Pastoral Week (PW) **Registration** in early to help us with the planning.

If you are pre-registered, you may pick up your materials from 4:00-5:00 pm and 6:30-9:00 pm on Friday, January 16th, on Saturday morning from 8:00-9:00 am, or when you arrive.

Attention: For Deaf-Blind accessibility, i.e. Interpreters, Special Support Services, Large Print copies, please contact the NCOD Office by 11/25/08.

Would you like to become a Member of NCOD?

2009 Membership Application

NCOD Membership New or Renewal Membership

Individual Membership (\$70.00)

Pastoral Membership (\$70.00)

Family Membership (\$100.00)

Student Membership (\$35.00)

Executive Membership (\$250.00) (For Diocese, Agencies etc.)

Name of Designated Voter (for Executive & Family Memberships): _____

Total Membership Paid

\$ _____