

Registration: TSID Annual Conference

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Local Chapter: _____

Do you interpret primarily in the K-12 setting? YES NO

Renaissance Dallas North Hotel

4099 Valley View Lane
Dallas, TX 75244

Room rate - \$79 per night

Last Day for Conference Rate: June 5, 2003

Mariott Reservations - 800 228 9290

Hotel Phone Number - 972 385 9000

CEUs

TCDHH & RID
CEUs pending



Conference Registration Fees

Combo Ticket*	Early	Postmarked after April 18, 2003
TSID Member	<input type="checkbox"/> \$175	<input type="checkbox"/> \$235
RID Member	<input type="checkbox"/> \$210	<input type="checkbox"/> \$275
Non-Member	<input type="checkbox"/> \$235	<input type="checkbox"/> \$285

For member rates: must be a member at the time of registration.

Membership applications are available at <http://www.tsid.org/membership>

Combo tickets include notebook, workshops, luncheon and banquet*.

Notebooks are not guaranteed for combo tickets purchased after April 18, 2003.

- ☐ **Thursday Only** \$50 One Workshop
- ☐ **Friday Only** \$100 Two Workshops
- ☐ **Saturday Only** \$50 One Workshop
- ☐ **Sunday Only** \$50 One Workshop
- ☐ **Luncheon** _____ @ \$25 = \$ _____ Attach Guest Name(s)
- ☐ **Banquet*** _____ @ \$35 = \$ _____ Attach Guest Name(s)
- ☐ **Notebook** _____ @ \$20 = \$ _____ Must order by April 18, 2003

* Banquet is limited to first 600 guests to purchase Combo or Banquet ticket.

Accommodations

Sign language interpreters will be provided for all workshops and plenary sessions.

Other Accommodations needed: _____

Requests for other accommodations must be received by April 18, 2003 otherwise provision of special accommodations cannot be guaranteed.

Mail to:

Registration—TSID 2003
P.O. Box 684728
Austin, TX 78768-4728

Special Workshop

Law Enforcement Interpreting

by Carla Mathers

Special Requirements:

- Limited to the first 25 registrations received
- Must complete all three days (Friday, Saturday and Sunday) to get CEU's.
- TCDHH Level 3 or above or RID CSC or CI/CI

- ☐ I will attend this session.
- ☐ Copy of certification/license included. (required)



June 19-22, 2003

<http://www.tsid.org/tsid2003>

E mail: tsid2003@tsid.org

Payment

Registration Fees \$ _____

Conference T-Shirt (Navy)

Color Logo on back, with nothing on front so you can interpret in it.

Not available at conference so you must pre-order by April 18, 2003.

Specify Size(s) _____

_____ shirts @ \$10 = \$ _____

Donations

Conference \$ _____

Don England \$ _____

Trust Fund \$ _____

Jonnie Duncan \$ _____

Student Trust Fund \$ _____

Total \$ _____

Method of Payment (No Cash)

☐ Check No. _____

☐ Money Order

☐ Official Voucher/Purchase Order:
(Attach to this form.)

TSID will charge \$25 in addition to bank fees incurred by TSID for returned checks.

Refunds

Refund requests must be in writing and postmarked prior to June 19, 2003. Any request after the event will be reviewed by the TSID Board. A 10% administrative fee will be assessed on all refunds.

5/2/2003