



CONFERENCE REGISTRATION

2007 DISABILITY ACCESS CONFERENCE *Design for All*

Thursday, September 6, 2007
Ala Moana Hotel

Feel free to copy this form for additional registrations. USE ONE FORM PER PERSON. Please print or type.

Name: _____
Last First

Affiliation: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Check here if you'd like to received DCAB's quarterly Access Bulletin & local/national updates via e-mail.

If you require an auxiliary aid (sign language interpreter, material in alternate format, etc.) or accommodation due to disability, please describe, _____

Deadline for request is August 23, 2007

Please register me for the following:

(Registration includes Continental Breakfast/Plenary Session, Lunch/Design Awards & 4 Break-out Sessions)

\$75 General

\$40 Student or Persons with Disabilities (Limited to the first 30 registering)

I am registering for the following sessions (Refer to Schedule at a Glance for Session #):
(Pre-selection assists presenters in preparing materials and providing accommodations.)

| | First Choice | Second Choice |
|-------------------|--------------|---------------|
| 9:45 - 10:45 a.m. | # _____ | # _____ |
| 11:00 a.m. - Noon | # _____ | # _____ |
| 2:15 - 3:15 p.m. | # _____ | # _____ |
| 3:30 - 4:30 p.m. | # _____ | # _____ |

Form of Payment

Check made payable to the **University of Hawaii**

Purchase order (must accompany registration)

I hereby authorize University of Hawai'i the use of my credit card account:

VISA MasterCard Expiration Date (Month/Year) _____

Credit Card No. _____ CCV _____

Name _____
Signature Print Name

Send registration form and payment to:

UH Conference Center

2530 Dole St., Sakamaki C403, Honolulu HI 96822

(808) 956-8204 (phone); (808) 956-3364 (fax); UHCC I.D. #C0 8780

REGISTRATION DEADLINE: AUGUST 23, 2007

Space limited to the first 230 registrants

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