



**Registration Form**

Name: _____	OAD Member:	YES	NO
Address: _____	Volunteer:	YES	NO
State City Zip: _____	Sponsor:	YES	NO
VP Number: _____	Exhibitor:	YES	NO

Combo Tickets	(Quantity: ____)	\$ _____
Sponsor Package	(Mt. _____)	\$ _____
Booth Fees		\$ _____
Donations		\$ _____
In-Kind Donations		\$ _____
<b>TOTAL:</b>		<b>\$ _____</b>

**WE DO ACCEPT CASH, DEBIT, AND CREDIT CARDS.**

**WE ACCEPT ONLINE PAYMENT:**  
<https://squareup.com/market/oregon-association-of-the-deaf/>

**WE ACCEPT PERSONAL CHECKS, TOO.**

OAD Treasurer  
 PO Box 8054  
 Salem, OR 97303

\*Please write your credit card or debit card numbers on the back of this document with your full name and the expiration date. Don't forget to write your three of CVS numbers. Be sure that your billing address is the same.