



**Oregon Association of the Deaf
45th Biennial Conference
Friday, June 5th and Saturday, June 6th 2015**



*Creating Connections and
Building Bridges... Together*

What's Next for OAD?

For last two years, we have worked VERY hard rebuilding OAD's vision and connecting with many communities, which was a success. We also have met our goals and hope to continue these with YOUR support so OAD can grow, create connections and build bridges...TOGETHER.



Conference Location

Holiday Inn Eugene / Springfield
919 Kruse Way
Springfield, OR 97477

OAD CONFERENCE COMBO INCLUDES:

(Schedule/Time is subjected to change)

Friday, June 5th in the Afternoon

- **NOON:** Registration opens / Vendor Set-up
- **1:00 PM:** Workshop with Kristy Vess – “How to File Complaint”
(OPEN TO PUBLIC – \$30.00 at Door one day only)
- **3:00 PM - 5:00 PM:** OAD Meeting / Vendor (starts at 1:00 PM)

Friday, June 5th in the Evening

- **5:00 PM:** Dinner provided by OAD
- **6:00 PM:** Opening Ceremony with NAD President, Chris Wagner
- **8:00 PM:** Entertainment with Jevon & Troy (OPEN TO PUBLIC - \$15.00 at Door OR \$25.00 for both Fri/Sat evenings)

Saturday, June 6th during the Day

- **7:00 AM:** Registration Opens/OAD Breakfast/Vendor Set-up
- **8:00 AM - 5:00 PM:** Election, Lunch, General Meeting, Social & Vendor

Saturday, June 6th in the Evening

- **6:00 PM to 7:00 PM:** OAD Banquet & Awards
- **8:00 PM:** Entertainment with Jevon & Troy (OPEN TO PUBLIC - \$15.00 at Door OR \$25.00 for both Fri/Sat evenings)

Vendors & Exhibitors

Days/Hours

Friday, June 5th

1p-5p (12p to set up)

Saturday, June 6th

8a-5p (7a to set up)

Clean-up at 5p-6p

Please see the Vendor application if you are interested in signing up.

Deadline: Sat, May 23rd



Troy Kotsur
Deaf Actor & Director of “No Ordinary Hero” movie



Kristy Vess
Communication Specialist with Hearing, Speech & Deafness Center, Seattle, WA



Jevon Whetter
Deaf Actor born deaf to three generations of deaf family members. Raised in Oregon.

Workshop, ASL Story Telling, Classic Scenes, MANY MORE!
Meet NAD President! DON'T MISS OUT!!!!



Chris Wagner
National Association of the Deaf President

For more information:

Contact Margi Morgan,
Conference Chairperson

Email: oaddelegate@gmail.com

TO RESERVE AT HOLIDAY INN EUGENE-SPRINGFIELD for only \$109 plus tax per night.

Please call (541) 284-0707 and use the hotel promotion code: **Oregon Association of the Deaf** to reserve a room.

1) ONLINE REGISTRATION

https://docs.google.com/forms/d/1ic3_gK6djqg1OKxaQMiwED1IEJt7ORxW7ecR5WGdKzw/viewform

2) PAY CONFERENCE COSTS ONLINE

<https://squareup.com/market/oregon-association-of-the-deaf>

OR fill out the Registration Form on the next page



REGISTRATION FORM

PERSONAL INFORMATION

(Please print clearly or type)

Full name of Registrant

Address

City State Zip County

Home Number Work Number Text Number

E-Mail Address (Confirmation of registration will be sent by email)

Dietary Restriction(s)? Please check:

Gluten Free Vegetarian Vegan Other _____

EMERGENCY CONTACT:

Name: _____

Phone Number/Text: _____

Conference Registration Fees (Includes Meals, Workshop & Entertainment):

Member: \$40.00
 Non-Member: \$70.00

Workshop ONLY on Fri with Kristy Vess at 1:00 PM

Workshop Fee: \$30

Entertainment ONLY on Fri/Sat with Jevon & Troy at 8:00 PM

Member: FREE
 Non-Member: \$15.00 – Fri or Sat (Please check)
 Non-Member: \$25.00 – Both evenings

Others

Join as an OAD member for 2 years: \$25.00
 To use Credit Card/Debit card, you agree to pay 2.75% per transaction fee.

OAD Conference Registration Fees

Member: \$40.00 x _____ \$ _____

Non-Member: \$70.00 x _____ \$ _____

Workshop ONLY: \$30.00 x _____ \$ _____

Member: FREE \$ 0.00

Entertainment ONLY (Fri & Sat)

Member: FREE \$ 0.00

Non-Member: \$25.00 (2 days) x _____ \$ _____

Non-Member: \$15.00 (1 day) x _____ \$ _____

OAD Membership: \$25.00 x _____ \$ _____

Credit Card/Debit fee: \$ _____

You MUST total by .275% (.0275)

E.g.; \$40 x .0275 = \$1.10 \$ _____

Grand Total \$

PAYMENT INFORMATION

Check (Payable to "OAD" or "Oregon Association of the Deaf")
 Charge VISA MasterCard AMEX Discover

Account # Exp. Date

Name of Account Holder CCV/Security Code (Number on the back of card)

Signature of Account Holder

Billing Address (if different from registrant's address above)

OAD CONFERENCE VENDOR APPLICATION

Name:	Organization/Business:
Mailing address:	
E-mail (REQUIRED):	Phone number/VP:
Number of people at booth (Must be <u>TWO</u> maximum only): _____ Names of people working at booth: 1) _____ 2) _____	
Type of booth (please check): <input type="checkbox"/> Business Organization* - \$100.00 <input type="checkbox"/> Government/Non-Profit Organization / Information Booth - \$50	
<i>*Note: Only one vendor with a particular commercial/trademark product will be accepted.</i>	
Total: \$ _____	
Please pay by check payable to OAD, pay online at: https://squareup.com/market/oregon-association-of-the-deaf (transaction fee required) OR email OADTreasurer21@gmail.com to make other payment arrangements.	
Vendor's Mission:	

Your signature

Date

The DEADLINE for submitting this application is Saturday, May 23rd. We will email you our decision no later than May 30th after submission of this form. Early submissions are highly encouraged.

Once your application is ACCEPTED, an email will be sent confirming your reservation and details about setting up & schedule.

Please return form and payment **NO LATER** than May 23rd (POSTMARKED) to:
Oregon Association of the Deaf, Inc., P.O. Box 8054, Salem, OR 97303



Membership Application

For Individuals, Public/Non-Profit or Corporations

Select Membership Category

Choose one	Membership Category	Category Description	Annual Dues
<input type="checkbox"/>	Individual	Biennial membership	\$25
<input type="checkbox"/>	Public/Non-profit Membership	Annual affiliate membership	\$50
<input type="checkbox"/>	Corporation	Annual affiliate membership	\$100

Member Information

First Name _____ Last Name _____

Title _____ Date of Birth _____

Organization Name _____

Organization E-Mail Address _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ FAX Number _____

Mobile Number _____ Website Address _____

E-Mail Address _____

Donation

My contribution to:

Endowment Fund \$____ Scholarship Fund \$____ General Fund \$____

Payment Information

Check payment to OAD VISA Mastercard AmEx

Card Number _____ Exp Date _____

Name on Card _____

Signature _____

Are you (please choose one)

- New Renewal
 Change of Address Notice
 Resident at Chestnut Lane

Are you (please choose one)

- Male Female

Are you (please choose one)

- Deaf DeafBlind
 Hard of Hearing Hearing

Are you interested in being on any of the following committees?

- Award Conference
 Education Endowment
 Finance Fundraising
 Law Legislature
 Marketing Volunteer
 Others: _____

I wish to receive emails of upcoming events and activities.

- Yes No

I wish to publish my personal contact information in the online directory.

- Yes No

Questions?
 Email info@OAD1921.org