Registration Form

NJAD - 29th Biennial State Conference

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Early Bird Rate - Deadline: October 15, 2025			Please select one
NJAD Member	$30	Check or Cash App/Venmo/PayPal	☐
	$35	Debit/Credit Card	☐
Non-Member	$50	Check or Cash App/Venmo/PayPal (includes $20 membership fee)	☐
	$55	Debit/Credit Card (includes $20 membership fee)	☐
Student (must show Student ID)	$20	Check or Cash App/Venmo/PayPal	☐
	$25	Debit/Credit Card	☐

Cost At Door (Cash/Check only)			Please select one
NJAD Member	$40		☐
Non-Member	$60	Includes $20 membership fee	☐
Student (must show Student ID)	$20		☐

Do you have any food allergy/sensitivity?

☐ No

☐ Yes _____

Accommodation Request: (deadline October 10, 2025)

I need:

☐ Deaf-Blind Interpreter

☐ Other: _____

ASL Interpreters will be provided at the conference.

New Jersey Association of the Deaf is a 501(c)(3) non-profit organization