

Email:

Name:

Name on badge:

Organization/Agency:	(Occupation:			
Address:		•			
City:	State:		Zip Code:		
Phone:	VP/Voice/Both:	Fax:			
EMERGENCY CONTACT NAM	E/RELATION:				
PHONE NUMBER:	(V/VP/TEXT)				
Registration				Amount	
Pre-Conference: Thursday, So	entember 30 th 2021		1	Milouit	
Mentally Prepared for Mental	•	antal Haalth Inta	rnratina	\$50.00	
• •					
Opening the College Acceptar *Register for both and receive	•	Staying in Cone	ge is	\$30.00	
Register for both and receive	\$10 discount:				
Conference: October 1st, 202	1 – October 3 rd , 2021				
Early full (onsite) Registration (postmarked on/before 8/1/2021)				\$325.00	
Regular full (onsite) Registration (postmarked between $08/1/2021 - 09/1/2021$)			\$350.00		
Late full (onsite) Registration (postmarked after 9/1/2021)				\$375.00	
Student full Registration (College students must send a copy of valid full-time student ID)			\$150.00		
Virtual (online) Registration			,	\$325.00	
1,8					
One-day registration (Please s	pecify day.)	October 1 st	Day 2	\$125.00	
, , ,	• • • ·	October 2 nd		\$125.00	
		October 3 rd	•	\$125.00	
			•	OTAL: \$	

**Full registration includes admission to all workshops, exhibits, awards dinner, conference materials, and breakfast every morning. Does NOT include Pre-Conference.

Will you attend the President's reception (included in full registration) on Thursday evening 9/30/2021? Yes No				
Will you attend Dinner (included in full registration) on Friday 10/1/2021?				
Will you attend the Awards Banquet (included in full registration) on Saturday 10/2/2021?				
Will you attend the Closing Breakfast (included in full registration) on Sunday, 10/3/2021?				
Accommodation Requests:				
Interpreting: Signed English				
Deaf-Blind:				
Assistive Listening Device (ALD): Accessory preference:				
Blind/Low Vision:				
Other needs (please specify):				
Specific Diet (please check): Salt-free Vegetarian Meal Gluten-Free Other (specify)				
Please indicate which certification credits you are interested in receiving at this conference:				
☐CRCC CEUs ☐RID CEUs ☐Other (specify)				

Mail Registration form and payment to:

SERID, Inc.

ATTN: Jessica Villanueva

P.O. BOX 3

Knoxville, TN 37901

- ❖ Make check and money orders payable to: SERID 2021
- ❖ Confirmation will be sent via email/letter verifying receipt of registration and/or accommodation request.
- * Electronic payment is available with online registration only. Additional fees may apply.
- ❖ Paper registration requires payment by Check or Money Order. <u>Do not send cash through the</u> mail.
 - 1. Complete and Print this Form
 - 2. Make check/money order payable to: SERID 2021
 - 3. Mail to:

Jessica Villanueva P.O. BOX 3

Knoxville, TN 37901

NOTE: Confirmation emails will be sent for all completed/paid registrations within 7 days of receipt of check or money order. If you do not receive an email confirmation, please email us at: registration@SERID.org.

- * Refunds for conference registration fees:
 - o Must be in writing by 9/20/2021 to receive full registration fee minus the \$50 cancellation fee
 - o Cancellation fee: \$50.00
 - o Request made for refund after 9/20/2021 will be ½ of registration fee

- o Refund will be mailed 30 days after the end of the conference
- o All checks returned for insufficient funds will be charged \$30 administration fee
- ❖ Upon continuing with the registration process, you give SERID, Inc. permission to use pictures of you and your likeness taken during conference activities to be used at the discretion of SERID for advertisement.

Please remember to reserve your hotel room ASAP! We look forward to seeing everyone there!

❖ Hotel Reservations:

Hilton Knoxville 501 West Church Avenue Knoxville, TN 37902 865-251-2571

Booking Link:

https://www.hilton.com/en/book/reservation/deeplink/?&ctyhocn=KNXKHHF&groupCode=SER21&arrival=20210929&departure=20211003&cid=OM,WW,HILTONLINK,en,DirectLink&fromId=HILTONLINKDIRECT

Deadline for reservations by September 1, 2021

Room	Single	Double Rate
	Rate	
Deluxe Queen/Queen	\$118	\$118
Room		

For Office Use Only

Date Received	
Amount	
Check #	
Receipt #	
Refund	
Accommodations	