



# Southeast Regional Institute on Deafness CONFERENCE

## SERID 2026 Registration Form

October 27-30, 2026

Name: _____		Email: _____	
Name on badge: _____			
Organization/Agency: _____			
Address for Correspondence: _____			
City: _____		State: _____	Zip Code: _____
Phone Number: _____		<input type="checkbox"/> Voice <input type="checkbox"/> Text <input type="checkbox"/> VP <input type="checkbox"/> Other: _____   Fax: _____	
<b>Emergency Contact Name:</b> _____		<b>Emergency Phone Number:</b> _____	
		<b>Choose one:</b> <input type="checkbox"/> Voice <input type="checkbox"/> Text <input type="checkbox"/> VP	

*\*This individual may be contacted by SERID, Inc. in case of emergency during the conference*

### Registration Options


<b>Conference Registration Categories</b>			<b>Amount</b>
<i>(Registration Includes: meals, workshops, exhibit hall and conference materials)</i>			
Early Full Registration	Postmarked on or before June 1, 2026	\$400	
Full Registration	Postmarked on or before August 1, 2026	\$450	
Late/On-Site Registration	Postmarked on or after August 2, 2026 <i>(Does not include meals)</i>	\$475	
<b>Pre-Conference Optional Workshops take place Oct. 26, 2026</b>			
IL Deaf/Blind Service provision in MS - EMERGE Center - (Other workshop TBD)	This is in addition to the standard conference registration.  <i>*Register as late as the day of the event</i>	\$150 per workshop	
<b>Total Registration Due:</b>			

### Continuing Education Units/Credits Desired: (check all that apply)

CRCC    RID CEUs    General CEUs

Planning Note: The Planning Committee is researching other CEUs options that may be offered.

### Payment Options:

<p><b>Credit Card Payments:</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;"><a href="#">QR Code Link:</a></p>	<p><b>Mail Check or Money Order:</b></p> <ol style="list-style-type: none"> <li>1. Complete and print this form</li> <li>2. Make check/money order payable to: <b>SERID 2026 Conference</b></li> <li>3. Mail to: <b>SERID 2026 Conference</b>  <b>Attn: Mary Hudgens/MDRS</b>  <b>P.O. Box 1698</b>  <b>Jackson, MS 39215-1698</b></li> </ol> <p><b>Email:</b></p> <ol style="list-style-type: none"> <li>1. Complete and email this form to: <a href="mailto:serid2026@gmail.com">serid2026@gmail.com</a></li> <li>2. Pay via the QR Code</li> </ol> <p><b>Note:</b> A committee member will respond via email with confirmation within seven (7) days of receiving a complete registration and payment. If you do not receive a confirmation email within that timeframe, please contact us at <a href="mailto:serid2026@gmail.com">serid2026@gmail.com</a></p>
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**Refund Requests and Charges:**

- Refund requests must be submitted in writing to [serid2026@gmail.com](mailto:serid2026@gmail.com) by October 12, 2026. Refund requests will be reviewed and be considered on a case-by-case basis minus a \$50 cancellation fee.
- Returned checks will be subject to a \$50 administrative fee.

**Requests for Accommodation:**

- Interpreting:  ASL  Signed English  Oral
- Deaf-Blind:  Tactile  SSP  Close Vision  Room Familiarization
- Assistive Listening Devices (ALD):
- Specific Diet:  Vegetarian  Diabetic  Other (specify)
- Other Accommodation Requested (Please Specify):  
\_\_\_\_\_
- Please list any comments, concerns, or other information you have or feel is important for SERID: \_\_\_\_\_

**NOTE:** Accommodations requested after September 1, 2026, cannot be guaranteed.

**DISCLAIMER:**

Upon completing the registration process, you give SERID Inc. permission to use pictures of you taken during the conference, your name, and/or your likeness to be used at the discretion of SERID for advertisement and other administrative purposes.

Visit the website or Facebook page:

[2026 SERID Conference – SERID](#)    [Southeast Regional Institute on Deafness | Facebook](#)

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**For MDRS Only:**

<b><u>Registration/Payment</u></b>	<b><u>Refund Request</u></b>	<b><u>Form Rec'd for Name Tag</u></b>
Date Rec'd: _____	Date Rec'd: _____	Date Entered in Database: _____
Amount/Method: _____	Fiscal/Form Notified: <input type="checkbox"/> Yes	Name tag made: <input type="checkbox"/> Yes
Date Cleared: _____	Date/Amt Sent: _____	Copy to Accom. Team: <input type="checkbox"/> Yes