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: _____ ☐ Voice ☐ Text ☐ VP ☐ Other: _____ Fax: _____		
Emergency Contact Name:	**Emergency Phone Number:**	**Choose one:**
		☐ Voice ☐ Text ☐ VP

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

Registration Options

Conference Registration Categories *(Registration Includes: meals, workshops, exhibit hall and conference materials)*			**Amount**
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 October 1, 2026 *(Does not include meals)*	$475	
Pre-Conference Optional Workshops take place Oct. 26, 2026			
IL Deaf/Blind Service provision in MS - EMERGE Center - (Other workshop TBD)	This is in addition to the standard conference registration. **Register as late as the day of the event*	$150 per workshop	
		Total Registration Due:	

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:

Credit Card Payments:

QR Code Link:

Mail Check or Money Order:

1. Complete and print this form
2. Make check/money order payable to: **SERID 2026 Conference**
3. Mail to: **SERID 2026 Conference**
   Attn: Mary Hudgens/MDRS
   P.O. Box 1698
   Jackson, MS 39215-1698

Email:

1. Complete and email this form to: serid2026@gmail.com
2. Pay via the QR Code

Note: *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 serid2026@gmail.com*

Refund Requests and Charges:

- Refund requests must be submitted in writing to 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:

Registration/Payment	**Refund Request**	**Form Rec'd for Name Tag**
Date Rec'd: _____ Amount/Method: _____ Date Cleared: _____	Date Rec'd: _____ Fiscal/Form Notified: ☐ Yes Date/Amt Sent: _____	Date Entered in Database: _____ Name tag made: ☐ Yes Copy to Accom. Team: ☐ Yes