**2016 NDAB Convention Registration Form**

Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Fee $5 # of Persons\_\_\_\_ Total Cost \_\_\_\_\_\_\_

Saturday Banquet $20

# Beef Medallion \_\_\_\_ Total Cost \_\_\_\_\_\_\_

# Lemon Chicken \_\_\_\_ Total Cost \_\_\_\_\_\_\_

# Vegetarian Eggplant Parmesan \_\_\_\_ Total Cost \_\_\_\_\_\_\_

 Total Amount Enclosed\_\_\_\_\_\_\_

Please make checks payable to NDAB. Mail registration form and payment no later than May 16th to:

NDAB

c/o Kathy Larson

15225 59th St NW

Williston ND 58801-9560.

Please make a check mark in the following where appropriate:

I would like a Braille Agenda \_\_\_

This is my first NDAB convention \_\_\_

Enter my name in for the $250 drawing \_\_\_

This is not my first NDAB convention\_\_\_

Enter my name in for the $100 drawing \_\_\_

I will be arriving in Williston via Amtrak and will need transportation to the hotel \_\_\_

If you have questions, call Loris Van Berkom at 701-774-3399.