19th Biennial DSA Conference

August 20-27, 2027 • Baltimore, Maryland

Retired, Rewired, and Crabby—With Purpose!

Deaf Seniors of America

COMBO REGISTRATION FORM

One Form Per Person • Please Print Clearly • Please Check Payment Box

TERMS & CONDITIONS

Read the information below carefully before you sign this registration form.

CONFIRMATION

Once payment is received, you will receive a confirmation letter via email (or postal mail). When you arrive for registration at the conference, be prepared to present your driver's license or personal identification card with photo (required).

RETURNED (BOUNCED) CHECKS

A service fee of $50 will be applied to all checks returned by the bank due to non-sufficient funds. Registrations will not be processed until after payment has been satisfied.

CANCELLATIONS & REFUNDS

A fee of $150 will be charged for each canceled registration prior to June 30, 2027. Registration fees are non-refundable on and after July 1, 2027. Phone cancellations are not accepted. Documentation is required after July 1, 2027 for refunds due to hospitalization (medical records) or death (obituary notice or death certificate). DSA membership dues are not refundable, except for death.

NON-TRANSFERABLE

Completed registrations are not transferable to other persons. DSA will not honor those that are sold or exchanged by unauthorized parties before or during the conference.

LOST BADGES

A processing fee of $50 will be applied lost registration badges. This fee is not refundable if the lost badge is found later.

MAILING & CONTACT INFO

Please notify the DSA Treasurer (treasurer@deafseniors.us) ASAP if there are changes to your mailing address or contact information.

QUESTIONS

If you have questions, reach out to conferenceinfo@deafseniors.us.

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

VIDEOPHONE: _____ CELL/TEXT: _____

This is my first time attending a DSA Conference: ____ *Yes* ____ *No*

I give DSA permission to list my name on its website: ____ *Yes* ____ *No*

I have accessibility needs: ____ *Mobility* ____ *Vision*

I have dietary needs: ____ *Gluten Free* ____ *Vegan*

COMBO REGISTRATION

~~August 3, 2025 – April 30, 2026 ..... $400~~
~~May 1, 2026 – September 30, 2026 ..... $450~~
October 1, 2026 – January 31, 2027 ..... $475
February 1, 2027 – June 30, 2027 ..... $500
July 1, 2027 – Conference $525

Includes:

>> DSA 2027-2029 membership dues ($30 non-refundable).
>> DSA 2027 registration fee, program book, exhibits, workshops, meetings, entertainment, opening/welcome reception, and farewell/gala luncheon.

PAYMENT METHODS & REGISTRATION SUBMISSION - Please Check Box

☐ Credit card, payable via Zeffy: CLICK THIS LINK TO PAY ONLINE

☐ Check/money order, payable to: DSA 2027 Baltimore Conference

Note: Complete and ***mail*** this registration form to the DSA Treasurer, 9314 Forest Hill Blvd. #506, Wellington, FL 33411

AGREEMENT

I agree to abide by conference rules/regulations. I understand DSA is not responsible for damage to or loss of my personal property. I have read and understand the terms and conditions outlined on this registration form.

Signature: _____ Date: _____

Visit www.deafseniors.us for up-to-date conference information

OFFICE USE ONLY

Amount Received: _____ *Date Received:* _____

Payment Method: _____ *Deposit Date:* _____