Deaf Seniors of America

18th Biennial DSA Conference

August 1–7, 2025 | Kansas City, Missouri

Empowering Our Future

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

CONFIRMATION
Once payment is received, you will receive a confirmation letter with assigned ID number via email (or postal mail). Please use this ID number when you contact the registration coordinator. 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 $130 will be charged for each canceled registration prior to June 30, 2025. Registration fees are non-refundable on and after July 1, 2025. Phone cancellations are not accepted. Documentation is required after July 1, 2025 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 registration chair ASAP if there are changes to your mailing address or contact information.

ACCESSIBILITY
If you have accessibility needs, please contact dsa2025access@deafseniors.us for more information.

REGISTRATION QUESTIONS
Cathy Edler, DSA Treasurer
treasurer@deafseniors.us

NON–COMBO REGISTRATION FORM

One Form Per Person – Please Print Clearly

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

VIDEOPHONE: _____ CELL/TEXT: _____

I give DSA permission to list my name on its website: YES: ☐ NO: ☐

I have accessibility and/or dietary needs; contact me: YES: ☐ NO: ☐

NON-COMBO REGISTRATION

$_____ One Day Pass $75 (select day): ☐ 8/3 ☐ 8/4 ☐ 8/5 ☐ 8/6 ☐ 8/7

$_____ Unlimited Daily Pass $150 (8/3–8/7)

Both passes include: DSA 2025-2027 membership dues ($30 non-refundable), DSA 2025 conference registration fee, program book, exhibits, workshops, meetings and late evening social activities (optional events are *not* included).

OPTIONAL EVENTS — REQUIRES NON-COMBO REGISTRATION

$_____ 8/3 Opening Reception $100

~~$_____ 8/4 Comedy Luncheon $85~~

~~$_____ 8/6 Sports Luncheon $85~~

$_____ 8/6 DSAGO/Dingo $20

$_____ 8/7 Farewell BBQ Luncheon $125

$_____ 8/7 SignTasTic Show $95

$_____ Total Non-Combo Registration & Optional Events

PAYMENT METHODS & REGISTRATION SUBMISSION - Please Print Clearly

>> CashApp, payable to: *$DSA2025FUND*

>> Zelle, payable to: *treasurer@deafseniors.us*

>> Credit card (Visa or MasterCard): add $15.00 to cover processing fees

Name on card: _____

16-digit card number: _____

Expiration date: _____ CCV (3 digit): _____

Note: Complete and ***email*** registration form to Cathy Edler, DSA Treasurer, *treasurer@deafseniors.us* (or send via ***mail*** to the postal address below)

>> Check/money order, payable to: *DSA 2025 Kansas City Conference*

Note: Complete and ***mail*** registration form with check/money order to: Cathy Edler, 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

Registration ID: _____ *Date Received:* _____

Payment Method: _____ *Amount Received:* _____

Deposit Date: _____