

February 20, 2009

Hello one and all!

The National Consortium on Deaf-Blindness (NCDB) invites you to this year's annual topical conference "Increasing transparency to improve results for children who are deaf-blind, their families, schools, and communities at Federal, State and local levels" to be held on *May 12-13, 2009* at the Hyatt Regency Cincinnati in Cincinnati, Ohio!

This year's conference will focus on:

- Child and family-centered and solutions-focused systemic change framework
- Focus on parents as collaborative partners – Family leadership and supports
- Effective technical assistance-Increasing child/youth outcomes

The conference will provide interactive sessions, practical information through panel presentations, and breakout sessions targeting state deaf-blind project directors and project staff, technical assistance providers, families, policy makers and others in the field of deaf-blindness.

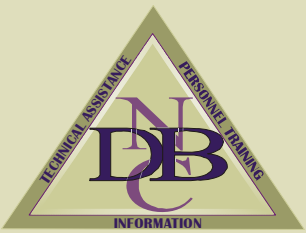
The one and a half day conference will include:

- **Individual General Sessions**, focusing on panel discussions with other national collaborators
- **Interactive Sessions**; and
- **An evening Social**

The Conference will be held at the Hyatt Regency Cincinnati (www.cincinnati.hyatt.com). The conference room rate is \$109.00 per night, plus tax (17%). **All lodging reservations must be made through "Connections"** no later than **April 1st, 2009**. Please refer to the "[NCDB Topical Conference - Cincinnati](#)" to get the guaranteed conference rate. You will need to provide a credit card number to guarantee your reservation. Please **DO NOT CALL** the hotel directly. You will receive a confirmation letter upon receipt of your registration form with all of the information to make lodging arrangements.

Transportation: Executive Transportation provides round-trip shuttle service (\$28 round-trip, \$17 one-way); taxi service will run approximately \$25 one-way from the Cincinnati/Covington International Airport. Hotel parking is \$14 self-parking per day and \$20 valet parking per night.

The Conference registration fee of \$125.00 includes presentation materials and handouts, continental breakfasts, lunches and breaks on both days and light snacks at the evening social. **The registration fee must be paid by all participants**, be made out to the "Teaching Research Institute", and accompany the registration form. The attached registration form is due **no later than April 1st, 2009** to ensure participation. **Remember...April Fool's Day Due!**



National Consortium
on Deaf-Blindness

Consortium Members

The Teaching Research Institute
NCDB Central Office
Western Oregon University
345 N Monmouth Ave
Monmouth, OR 97361

Helen Keller National Center
141 Middle Neck Rd
Sands Point, NY 11050

Hilton/Perkins Program
175 N Beacon Street
Watertown, MA 02472

Information

Tel: 800.438.9376
TTY: 800.854.7013
Fax: 503.838.8150
info@nationaldb.org
www.nationaldb.org



Funded through award H326T060002 by the
U.S. Department of Education, OSERS, OSEP.

NCDB will share in the costs of attendance for *one* person from each State/Multi-State Deaf-Blind Project as identified by the state's project director. This support will include hotel costs for 2 nights and airfare. Sponsored participants will be responsible for registration, all additional meals and additional lodging, ground transportation, airport parking, and all incidental costs at the conference.

All airline reservations for sponsored participants must be made through Nancy Ganson in the NCDB Office and will be paid directly by NCDB. NCDB *is required* to book the least expensive fare available with a maximum of \$750.00. You will receive a *Travel Preference Form* with your confirmation letter to make your travel arrangements through NCDB.

For further information about the conference, please contact:

Kat Stremel Thomas
913-677-4562 x.15
stremelk@wou.edu

Specific questions related to registration or lodging may be sent to:

Bernie Samples
sampleb@wou.edu
phone (503) 838-8393; fax (503) 838-8150



NCDB Topical Conference Registration
May 12-13, 2009
Hyatt Regency Cincinnati, Cincinnati, Ohio

To Be Completed BY All Participants

Participant Information

Name: _____
 Project/Agency: _____
 Street: _____
 City/State/Zip: _____
 Phone: _____ TTY: _____
 Fax: _____ E-Mail: _____

Please read this section carefully. Completion will indicate agreement and understanding of the following:

1. I will be attending *at my own or my project's expense*. ____ YES
- I understand that I will pay all direct and incidental costs for attending this meeting, including the \$125 registration fee.

Or

2. I am **NCDB sponsored participant** from the above named project: ____ YES

As the NCDB sponsored participant I understand that:

- I am required to pay the \$125.00 registration fee
- All airline reservations must be made through NCDB. NCDB is required to book the least expensive fare available with a maximum of \$750.00.
- NCDB will provide a continental breakfast and lunch on both May 12 and 13. You will be responsible for registration, all additional meals, ground transportation, airport parking, and all incidental costs at the conference.
- I understand that NCDB will pay hotel costs for 2 nights lodging and that I will be responsible for any additional nights (\$109.00 single/double + 17% tax). ***All lodging reservations must be made through "Connections" at 1-800-262-9974 no later than April 1st, 2009. Please refer to the "NCDB Topical Conference - Cincinnati" to get the guaranteed conference rate.*** You will need to leave a credit card number to guarantee your room even if you are the NCDB sponsored participant.

I will also be attending the following meetings:

- ____ Area 1 meeting Mon. 5/11 – all day
- ____ Areas 1 and 4 meeting Wed. 5/13 noon-2pm then Area 4 only from 2pm-5pm
- ____ Area 4 meeting Thurs. 5/14 8:30am-3pm
- ____ Area 2 meeting Wed. 5/13 – 1:00pm-5:00pm and Thurs. 5/14 9:00am-noon
- ____ Area 3 meeting Wed. 5/13 1:00-5:00pm
- ____ Personnel Prep meeting Wed. 5/13 1:00-7pm
- ____ HK Fellows meeting Thurs. 5/14 all day and Fri. 5/15 until 3:00

Special Needs: (Please Check All That Apply)

Braille: ____ or Large Print: ____ Assistive Listening Devices: ____
 If needed, please specify your preference: ____ FM ____ Loop

Interpreting Services: ____
 If needed, please specify your communication preference: ASL ____ Signed Exact English ____ Finger spelling only ____
 Oral/Aural ____ Tactile ____ Other _____

Spanish Translation Service Required: ____ Yes

Please mail the registration form, invoice and check made out to Teaching Research Institute by April 1st, 2009 directly to:

Bernie Samples, NCDB, Teaching Research Institute
 345 North Monmouth Avenue, Western Oregon University
 Monmouth, OR 97361



INVOICE

To Be Submitted By All Participants

TO: NCDB Topical Conference Registrants
FROM: Bernie Samples, NCDB Conference Coordinator
DATE: February 20, 2009
FOR: Registration fee for the NCDB Topical Conference being held at the Hyatt Regency Cincinnati, Cincinnati, Ohio, May 12-13, 2009

REGISTRATION FEE: \$ 125.00 for each participant

Name of Participant(s): _____

Total amount of check: _____

Make check payable to: The Teaching Research Institute, Western Oregon University, Monmouth, OR 97361; Federal ID# 93-6001786. The check must be received by the NCDB office by April 1st.

**Check must be made out to the TEACHING RESEARCH INSTITUTE
and mailed to Bernie Samples**

Please mail the registration form, invoice and check by April 1, 2009 directly to:

Teaching Research Institute
Attn: Bernie Samples, NCDB
Western Oregon University
345 North Monmouth Avenue
Monmouth, OR 97361

**If your agency is paying your registration fee you may send your registration form when completed and have your agency forward the check as soon as possible before the deadline of April 1st, 2009.