

Same Time Next Year

CODA Region V

Retreat



February 24-26, 2012
Friday 5:00 pm to Sunday 2pm

7 Circles Retreat & Conference Center

49496 Hwy. 245
Badger, CA 93603

Registration includes lodging (shared rooms), meals and snacks.

(2 nights lodging, Friday night dinner, 3 meals Saturday, plus Sunday breakfast and lunch)

\$235.00 per person for CODA members

\$270.00 non-members (includes \$35 membership to C.O.D.A. International)

Max of 36 people - casual family style dining of home cooked meals by our host and shared room accommodations.

pg 2

Retreat Schedule:

Friday night	5:00 pm registration 6:00 pm dinner 8:00 pm ice breaker
Saturday	Breakfast Breakout. Lunch Walk/hike the grounds weather permitting Activity Dinner
Saturday night	Entertainment, dancing and fireside conversation.
Sunday	Breakfast Noon lunch, closing activity. 2:00 pm departure.

Registration Form:

Please complete the following and mail with a check or money order payable to:

Allyne Betancourt
P.O. Box 902067
Sandy, Utah 84090

Questions? Please contact:

Darlene Geyer:
darlenegeyer@ai-ada.com
Joey Nicolosi:
joe_nicolosi@verizon.net

\$235.00 for CODA members

\$270.00 for non members this price includes your membership to CODA International. Complete additional membership form below.

One person per form, please. Each person must be at least 18 years old and have at least one deaf parent.

Name _____

Address _____

City, State, Zip _____

Email address _____

Parent's Names _____

Roommate request: Seven Circles has ten carpeted bedrooms, each with its own newly remodeled bathroom with toilet, sink and shower. Sheets, blankets, towels, shampoo and soap are provided. Rooms have adjustable heaters and ceiling fans. The rooms are configured as follows:

- **Room 3** - Two twin beds and 2-bed bunk (may adjoin Room 4)
- **Room 4** - Two twin beds and 2-bed bunk
- **Room 5** - One twin bed downstairs, three twins upstairs
- **Room 6** - Two twin beds and 2-bed bunk (may adjoin Room 7)
- **Room 7** - Two twin beds and 2-bed bunk
- **Room 8** - Two twin beds
- **Room 9** - Queen bed
- **Longhouse** is a separate building that has a living room with 6 floor futons, a bedroom with two twin beds, and a bathroom with tub-shower combination.

1. _____ 2. _____ 3. _____

4. _____ 5. _____

6. _____ 7. _____ 8. (your name) _____

Vegetarian Meals ___ (check if needed)

Detailed directions, location information will be mailed after your registration has been received. Meanwhile visit the website at:

<http://www.sevencirclesretreat.org>. Registration will close at 36 people.

Membership Year: June 1st to May 30th. Complete both pages of the membership form; print clearly or type. Mail to: CODA International Membership; PO Box 29143, Columbus, OH 43229. Email to: codamembership@gmail.com

MEMBER/SUPPORTING MEMBER INFORMATION

To be a member of CODA International, you must be hearing, 18 years of age or older and have at least one deaf parent. Membership comes with voting rights.

Supporting Members are individuals who do not meet the membership criteria or organizations who wish to support CODA International. No voting rights.

New Membership: _____ Renewal Membership: _____ Supporting Member: _____
 address change _____ name change _____

First Name:	Maiden:	Last Name:
-------------	---------	------------

If you have changed your name since your last renewal, enter your previous name	Previous Name:
---	----------------

US Mailing address:

City:	State:	ZIP Code:
-------	--------	-----------

Non-US Mailing address:

Cell Phone:	Home Phone:
-------------	-------------

Email:

Date of Birth (for CODA Membership only):

Deaf Mother name and school (for CODA Membership only):

Deaf Father name and school (for CODA Membership only):

I have attended the CODA International Conferences before. Yes: _____ How many? _____ No: _____

For supporting members- I/We are supporting CODA International because:

PAYMENT INFORMATION

CODA Membership & Scholarship Supporter Includes membership/donation of \$65.00 towards Scholarship fund	\$100.00	\$ _____
CODA Membership & Memorial Fund Supporter Includes membership/donation of \$40.00 towards Memorial Fund	\$75.00	\$ _____
CODA Membership & Outreach Supporter Includes membership/donation of \$15.00 towards outreach efforts	\$50.00	\$ _____
CODA Membership	\$35.00	\$ _____
Supporting Membership	\$25.00	\$ _____
Organizational Membership	\$75.00	\$ _____
TOTAL Payment:		\$ _____

METHOD OF PAYMENT

(Checks, Money Orders or Credit Cards only – in US funds only). Checks/Money Orders made out to CODA, Inc.

Credit Card (Discover, MasterCard or Visa only) Number:	Security Code:	Expiration Date:
---	----------------	------------------

Check /Money Order Number:	Check Date:
----------------------------	-------------

Purchased as a gift membership by:

Signature

By my signature here I verify the information enclosed and authorize payment as designated above.

Print Name:

Signature:	Date:
------------	-------

Office Use Only Date Received: _____ Date Entered: _____ Region
 Designation: _____ (Revised 11/10)