



**11th Biennial Deaf Seniors of America  
Chicago 2001 Conference**  
August 31—September 6, 2011  
Hosted by Illinois Deaf Seniors



**Layaway Plans—Combo Ticket \$255 Agreement**

Date: \_\_\_\_\_

Thank you for your interest in our DSA 2011 Chicago's combo ticket layaway plan.

I, \_\_\_\_\_, agree that I have chosen plan (**circle one**) **A B C**  
for \_\_\_\_\_ combo ticket(s) at \$255.00 each. Request for refunds will follow as indicated in the  
Cancellation/Refund Policy.

<b>Plan A (4 months)</b>		<b>Plan B (5 months)</b>		<b>Plan C (6 months)</b>	
Payment 1	\$60.00	Payment 1	\$50.00	Payment 1	\$50.00
Payment 2	\$66.00	Payment 2	\$52.00	Payment 2	\$41.00
Payment 3	\$66.00	Payment 3	\$52.00	Payment 3	\$41.00
Payment 4	\$63.00	Payment 4	\$52.00	Payment 4	\$41.00
<b>Paid in full</b>	<b>\$255</b>	Payment 5	\$49.00	Payment 5	\$41.00
		<b>Paid in full</b>	<b>\$255</b>	Payment 6	\$41.00
				<b>Paid in full</b>	<b>\$255</b>

**PLEASE PRINT CLEARLY**

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

VP Number: (not your 866 number please) \_\_\_\_\_

I will receive a receipt showing that my payment plan is paid in full.

Please sign your name to acknowledge that this is all accurate.

\_\_\_\_\_  
Your Name / Date

Approved: \_\_\_\_\_  
Genevieve Bright,  
Registration Coordinator

**Office Use Only**

Paid \$	\$	\$	\$	\$	\$	\$
Check #						
Dates						
Registration ID #:	_____			Date paid in full:	_____	