

Helen Keller National Center for Deaf-Blind Youth and Adults

Professional Learning Department

2016 - APPLICATION FOR PROFESSIONAL TRAINING SEMINARS

Registration fee includes lodging, meals, professional training and manual

Payment does not need to accompany application, however payment is required to reserve your spot.

Payment must be made prior to the beginning of the seminar. We do not accept credit cards.

Name of Seminar I wish to attend:

Date of Seminar:

IDENTIFYING INFORMATION (please print or type)

NAME (first, last)			
EMPLOYER			
STREET ADDRESS			
CITY, STATE, ZIP CODE			
TELEPHONE/ TTY/CELL	(work)		(home)
E-MAIL (please print clearly)			

EMPLOYMENT INFORMATION (Start with your present position)

ORGANIZATION	POSITION	FROM	TO

Will you require a room in the residence for this seminar? Yes No

IF YOU REQUIRE ROOM ACCOMMODATIONS IN THE RESIDENCE YOU MUST COMPLETE THIS SECTION

Please circle: **Male** **Female**

Do you have any dietary restrictions? **Yes** **No** **If yes, describe:** _____

Do you have any additional needs? **Yes** **No** **If yes, describe:** _____

Will you be accompanied by a service animal? **Yes** **No**

Arrival date and time: _____

Departure date and time: _____

Cancellation Policy: Please notify us two weeks prior to start of seminar.

Please complete application on reverse side

Please fill in all that apply:

INFORMATION

Training Manual Format: <i>Please indicate preference.</i> (CD available upon request)
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Assistive Listening Devices available upon request. Please indicate preference.

FM _____ Infrared _____ Other _____

Preferred Spoken Language (if not English) _____

Are interpreting services required? Yes No Indicate communication preference.

- | | |
|--------------------------------|---------------------|
| ASL | Fingerspelling only |
| English Contact (formerly PSE) | Oral/Aural |
| Signed Exact English | Tactile |
| | Other |

If you request this service you **must** notify us **28 days** prior to the seminar or we may not be able to secure appropriate interpreters. **Cancellation policy: A minimum of 3 business days cancellation notice** prior to start of seminar or a 1 day interpreter fee *will be passed on to you.*

Are you familiar with any means of manual communication? If yes: (circle appropriate response)

Sign Language 1) Beginner 2) Intermediate 3) Skilled

One-hand manual alphabet 1) Beginner 2) Intermediate 3) Skilled

Experience with Tactile Sign Language (circle one) Yes No

Expectation for this seminar: (Please consider your present or envisioned role in providing services to deaf-blind youths and adults) _____

Date: _____ Signature of Applicant: _____

Signature of Supervisor: _____

Supervisor e-mail: _____

Printed Name of Supervisor: _____

Phone: _____

REGISTER EARLY – LIMITED SPACE AVAILABLE

Please complete application and mail, e-mail or FAX to: Cindy Witkow

PLD@hknc.org

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

V - 516-944-8900 ext. 233 TTY 516-944-8637 Fax 516-944-7302

<http://www.helenkeller.org/hknc>

PLD@hknc.org

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