

# Helen Keller National Center for Deaf-Blind Youth and Adults

## Professional Learning Department

### 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)

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

**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.**

**NOTE: WE CAN NOT GUARANTEE SINGLE OCCUPANCY ROOMS, BUT WILL MAKE EVERY EFFORT TO ACCOMMODATE REQUESTS**

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:

<b>INFORMATION</b>					
Training Manual Format: <i>Please indicate preference.</i> (CD available upon request) Regular Print _____ Braille _____ Large Print _____ Font Size _____					
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.  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">           ASL            English Contact (formerly PSE)            Signed Exact English         </td> <td style="width: 50%; vertical-align: top;">           Fingerspelling only            Oral/Aural            Tactile            Other         </td> </tr> </table> <p style="margin-top: 10px;">If you request this service you <b>must</b> notify us <b>28 days</b> prior to the seminar or we may not be able to secure appropriate interpreters. <b>Cancellation policy: A minimum of 3 business days cancellation notice</b> prior to start of seminar or a 1-day interpreter fee <i>will be passed on to you.</i></p>				ASL English Contact (formerly PSE) Signed Exact English	Fingerspelling only Oral/Aural Tactile Other
ASL English Contact (formerly PSE) Signed Exact English	Fingerspelling only Oral/Aural Tactile Other				
Are you familiar with any means of manual communication? If yes: (circle appropriate response)					
<b>Sign Language</b>	1) Beginner	2) Intermediate	3) Skilled		
<b>One-hand manual alphabet</b>	1) Beginner	2) Intermediate	3) Skilled		
<b>Experience with Tactile Sign Language</b> (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: [PLD@hknc.org](mailto: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](mailto:PLD@hknc.org)

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