

2009 DEAFBLIND ADVISOR REGISTRATION FORM

Office Use Only:
 Date Recd:
 Conf Ltr:
 Wait List:

NAME: _____ STATE: CT ME MA NH VT

Training costs covered by the project are: Presenters fees, interim phone conferencing, lunches and continental breakfast will be provided and covered by NEC. *Dinners or overnight housing travel, mileage & tolls are not covered.*

Agency Name: _____	Grade _____	Home Address: _____
Work Address: _____	City & Zip: _____	ST: _____ Zip: _____
City & Zip: _____	ST: _____ Zip: _____	Home Phone: _____ Ext: _____
Work Phone: _____	Ext: _____	Cell Phone: _____
E-Mail (work): _____	E-Mail (Home): _____	
<small>ALL CONFIRMATIONS WILL BE SENT VIA EMAIL – PLEASE PRINT</small>		
Current Position: _____	<i>Use this address during summer and/or if you want your certificate or our newsletters mailed to you at home.</i>	
Supervisor Name: _____	Ext: _____	

**Free
Training!**

Do you have a deafblind student on your current caseload? Yes No

PREVIOUS WORK EXPERIENCE:

Certificate/Degree received: _____

Position	Title	Location	From	To

Why would you like to be part of this project? _____

SPECIAL ACCOMMODATIONS:

PLEASE CHECK ONE

- Interpreter – (interpreter needs _____)
- Braille
- Large Print (Size: _____)
- Food: _____

Return form to: Attn: Cheryl Harvey
 NEC
 175 North Beacon St
 Watertown, MA 02472

Deadline: *January 21, 2009*

Supervisor Approval Required: _____

Staff approved are required to attend all dates and calls below

Training Dates: *Feb 24&25, 2009- Mod1(snow date Mar 5&6), May 20&21- Mod 2), Sept 21&22- Mod 3, Spring 2010- Mod 4.*
Times 9-4pm

Phone Conferences: *Jan 26, April 6, and Dec 4, 2009 Feb 2010*
Call times: MA: 8:30-9:30, CT: 9:30-10:30, NH: 10:30-11:30, ME: 12-1pm, VT: 1-2pm

