

Registration Form

Name _____

Affiliation _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Fax _____

Email _____

I am a: _____ consumer _____ parent/family member
_____ service provider

Please check the sessions you will attend:

_____ DynaVox, 11/10/03, 8:30-11:30 a.m.

_____ DynaVox, 11/10/03, 12:30-3:30 p.m.

_____ PRC SpringBoard, 11/24/03, 8:30-11:30 a.m.

_____ PRC Vanguard/Vantage, 11/24/03, 12:30-3:30 p.m.

_____ Enkidu and Saltillo, 11/25/03, 8:30-11:30 a.m.

_____ Enkidu and Saltillo, 11/25/03, 12:30-3:30 p.m.

_____ Chesapeake Low Vision, 12/10/03, 9:30-11:30 a.m.

_____ Tash Sicare Pilot, 12/10/03, 12:30-3:30 p.m.

Check any accessibility accommodations needed:

_____ Brailled material

_____ Large print material

_____ Assistive listening

_____ Audiotaped material

_____ Sign language interpreter (ASL or tactile)

Other (specify) _____

Note: We can only guarantee accessibility accommodation if we receive notice at least 2 weeks prior to the training session.

Return to DATI, duPont Hospital for Children, P.O. Box 269, Wilmington, DE 19899 or fax to (302) 651-6793.