

***IntelliTalk II* Workshop 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:

__ Day One, March 25, 2004, 8:30 a.m. - 3:30 p.m.

__ Day Two, March 26, 2004, 8:30 a.m. - 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.

To register, complete form and return to DATI, duPont Hospital for Children, P.O. Box 269, Wilmington, DE 19899.

DE residents may fax this form to (302) 651-6793.

Out-of-state attendees may pay registration fees using a check or money order made payable to the University of Delaware (EIN 51-6000297).

Please call (800) 870-DATI, (302) 651-6790 or (302) 651-6794 (TDD) with questions.