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| ASLRT 2016 Registration  Each attendee must register separately; group payments are accepted.  *\*All information is required, including a direct email address & text number for the participant.* | | | | | |
| **Attendee Information** | | | | | |
| First Name: | | | Last Name: | | |
| VP: | | Phone/text#: | |
| Address: | | | | | |
| City: | | State/Province: | | Zip Code: | |
| Work email: | | | Personal email: | | |
| *If your work email blocks messages from generic email accounts and survey services (such as Dropbox and Survey Monkey), please provide us with an email address that will accept them. Your confirmation, receipts, conference information, and evaluations will be sent via those types of addresses.* | | | | | |
| **Program Information** | | | | | |
| School/Program: | | | | | |
| Address: | | | | | |
| City: | | State/Province: | | Zip Code: | |
| Country: | | | | | |
| Position: | | | | | |
| **Teaching Information** | | | | | |
| Do you teach American Sign Language to deaf students? Yes: No: | | | | | |
| Are deaf students taught American Sign Language in your program? Yes: No: | | | | | |
| As an ASL as a first language teacher/specialist, which group do you work with? (check all that apply) | | | | | |
| Families: | | Elementary: | | High School: | |
| Early Childhood: | | Middle School: | | School wide: | |
| If you do not work directly with students, which setting are you in? | | | | | |
| K12 Administration: | | | Post Secondary: | | |
| **Meal Requests** | | | | | |
| Vegetarian: | Vegan: | | Gluten Free: | | Diabetic: |
| Other medically required dietary needs: | | | | | |

All paperwork must be submitted via mail, email or fax:

Washington School for the Deaf

Attn: Jenn Christianson

611 Grand Blvd.

Northrop Room 109

Vancouver, WA 98661

[jenn.christianson@cdhl.wa.gov](mailto:jenn.christianson@cdhl.wa.gov)

fax# 360-418-4298

\*\*\*You will receive payment information upon completion of this form.