



Registration Form

Pacific Deaf-Blind
2008 Summer Institute
(due by: May 16, 2008)

Return To: Jeri Mestanza
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June 16-27, 2008

I would like to register for the Pacific Partnerships for Deaf-Blind TA Services Project Summer Institute.

Name: _____ Position _____

Island/Nation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone: (____) _____ Day (____) _____ Evening Fax: _____

Please select one strand to attend:

- Vision Impairment
- Hearing Impairment/Deaf Education
- Multiple Disabilities

Accessibility Needs: (check all that apply)

- Sign Language Interpreter
- Large Print
- Braille
- Assistive Listening Device
- Note taker
- Reader
- Vegetarian Meal
- other: please specific _____

Describe your current work with children/young adults who are deaf-blind: _____

Describe how your participation in this Summer Institute will positively impact your work: _____

How would you rate your knowledge about deaf-blindness:

Very High High Medium Low None

How would you rate your sign language skills:

Very High High Medium Low None