



NATIONAL FEDERATION
OF THE BLIND
 DEAF-BLIND DIVISION
Live the life you want.

REQUEST FOR COMMUNICATIONS ACCOMMODATIONS **FOR ATTENDEES**

SUBMIT THIS FORM TO ANIL LEWIS ALewis@nfb.org BY JUNE 9, 2017

PLEASE NOTE: Requests received after June 9, 2017 may not be granted.

Name:

Street Address:

City, State, Zip:

Phone: **This is:** Voice VP Text

E-mail:

My preferred way to read is:

Print Large (14 font) print Braille Listening

My preferred way (check ONE**) to receive information in a workshop/seminar is:**

Spoken English: FM system
 FM system, interpreter repeating content
 Other assistive listening device that I am bringing

Signed English: Close Vision Tactile

American Sign Language: Close Vision Tactile

Other (please describe):

I will attend the following workshops/seminars/activities and am requesting communications accommodations:

DATE	TIME	WORKSHOP/SEMINAR TITLE

