

Minnesota Association of Blind Students (MABS)

2nd Annual student seminar registration form

04/06/2013

Email minabs.talk@gmail.com

President Jordan Richardson (763)742-8792

1st vice Vanasha Washington (612)670-1181

2nd vice Hanna Ferney (419)250-2057

Treasurer Adrienne (Andi) Dempsey (231)670-6544

All participants involved with this seminar must fill out and submit this form to MABS via email attachment by March 15th. If you have any questions feel free to write them in the body of the email when you submit this form. One of the MABS board members will reply promptly.

Date: _____

Seminar attendee

First Name: _____

Last Name: _____

Address 1: _____

Address 2(apr): _____

City: _____ State: _____ Zip code: _____

Home phone: (____) ____ - _____

Cell phone: (____) ____ - _____

Email: _____

Please place an x by the choice that applies to you. If you choose other please specify.

High school student: _____

College student: _____

Parent: _____

Teacher or instructor: _____

Other: _____

Please place an X by the format you wish to receive materials.

Braille: _____

Large Print: _____

Print: _____

Electronic: _____

If you are deaf/blind will you need an interpreter? _____

Do you have any food allergies? Please list all.

Please Place an X by the choice that applies to you.

Omnivore: _____

Vegetarian: _____

Vegan: _____

Will you need overnight accommodations? _____

Emergency contact

First Name: _____

Last Name: _____

Address 1: _____

Address 2(apt): _____

City: _____ State: _____ Zip code: _____

Home phone: (____) ____ - _____

Cell phone: (____) ____ - _____

Email: _____