**March Workshop 2020**

 **RSVP Form**

**Deadline date: Please fill out two forms - Mail by February 26, 2020**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please circle following:**

**Are you DeafBlind? Yes or No Are you SSP? Yes or No**

**Are you volunteer College Student/Interpreter? Yes or No**

**Are you bringing Service Guide Dog? Yes or No**

**How many guest(s) attending? \_\_\_\_\_\_\_\_ Write Names Below.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**LUNCH MENU ORDER COST $5.00**

**Please fill out order form – see next page**

**Or Bring your own lunch**

**Make a check payable to: OADB**

**Mail to: OADB, P.O. Box 763, Brice, Ohio 43109**

**Please email to Co-Chairpersons, Donna Schultz at** **donna.schultzdb@gmail.com**

**or Bryan Grubb at** **brgms415@gmail.com** **for any questions.**

**For DeafBlind – You are responsible for bring your favorite SSP.**

**For Interpreter/SSP/ College Student- Please arrive thirty minutes early for prepare to make the accommodations easier for everyone**