

Application

Name of Presenter: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Voice/TTD/VP): _____ Fax: _____ E-mail: _____

Description or Summary of Your Presentation in 50 words or less:

Write on the back if necessary.

The workshops are scheduled for Friday, July 24, 2009 in the afternoon. The length of workshop time frames for all presentations will be 60 minutes long including 10 minutes for questions and answers.

Proposal Description

The format should be:

Presentation: A lecture, multi-media show, storytelling, etc on any topic or issue

Workshop: Hands-on-experience to learn and apply new skills or techniques

Interpreter Needs for Presenters

_____ Sign to Voice _____ Voice to Sign _____ Deaf/Blind

Equipment Needs:

_____ LCD Projector for Power Point _____ Screen _____ No Equipment needed

Note: Presenters are responsible for handouts for distribution to participants.

Send your proposal to:

Alice B. Frick, VAD Workshop Coordinator
1433 Dennison Avenue
Staunton, VA 24401

e-mail: wafrick@verizon.net VP #: 540-885-4548; Fax#: 540-886-9459

The deadline for submission of proposals by or on April 1, 2009.