#### REGISTRATION FOR DEAFBLIND TASTE OF TECHNOLOGY

1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Type of Contact:

 TTY

 Voice

 Video Relay Service (VRS)

 Mobile Text

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Are you:

 DeafBlind

 Hard of Hearing Blind

 Deaf

 Hard of Hearing

 Hearing

7. Do you plan to bring your Support Service Provider (SSP)?

 Yes. If yes, please provide the SSP’s name.
 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. If no, would you like to request SSP?

 Yes No

8. What kind of accommodation do you need: (select all needed)

 Tactile ASL Interpreter (TASL)

 Close Vision ASL Interpreter (CV)

 Pro-Tactile

 Haptics

 Touch Cues

 Oral Interpreter

 ASL Interpreter

 Sign Exact English Interpreter (SEE)

 Pigeon Sign English (PSE)

 Assistive Listening Device (ALD)

 Communication Access Real Time (CART)

 Other: Please comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Do you need a transportation?

 Yes

 No If no, who will drive you to the ToT event?

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

11. Do you need a wheelchair access?

 Yes

 No

12. Choice of lunch box

 Chicken sandwich

 Roast beef

 Vegetarian food

12. Do you have a food allergy?

 No

 Yes. What food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send the registration form to:

Email: bola.desalu@t-mobile.com

or

Mail:Bola Desalu

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