



**15<sup>th</sup> Biennial Deaf Seniors of America  
Conference Seattle, WA  
September 2-8, 2019  
Registration Form**



**Request Form for Special Needs**

**Registration Form ID#**

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Gender:  Male  Female  Other \_\_\_\_\_

Date of Payment Received \_\_\_\_\_

Type of Payment \_\_\_\_\_ Confirmed \_\_\_\_\_

**Low Vision Request:**

Printed Materials - Large Print (18 Pts).

Braille-

Grade 1  Grade 2  Unified English

Close-Up/Front Seating at Ceremonies, meetings, & others

**Others?** \_\_\_\_\_

**DeafBlind:**

**Tactile Interpreters:**

ASL  PSE  PTASL

**If Tactile or PTASL:**

Left Hand  Right Hand  Both Hands

**Support Service Provider - Will you have SSP with you?**

Yes Name of SSP \_\_\_\_\_

**Close-Up/Front Seating at Ceremonies, meetings, & others**  YES

**Others?** \_\_\_\_\_

**Mobility:**

Week rental needs:

Wheelchair

Walker

Scooter

Others? \_\_\_\_\_

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**Other condition or disability request not listed on form:**

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Please note that the Accessibility Chair Angela Therlault and her committee will attempt to honor every request within reasonable expectations. Any request received after June 30, 2019, will not be honored.

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**Please submit your Special Needs request form as soon as possible  
And before June 30, 2019**

**Please mail the form to:  
WSDSC / DSA 2019 Seattle  
PO Box 1483  
Bothell, WA 98041**

**Thank you!**

