

# Project N.A.D.I.N.E.

## Interpreter ID Badges

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

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check box if you would like to give Project N.A.D.I.N.E. permission to use your card for advertising purposes.

Check box if you would like to receive Project N.A.D.I.N.E. Newsletter via E-mail.

Buyer agrees not to use this Interpreter Identification Badge in place of, or misrepresent as proof of certification

\_\_\_\_\_  
Signature:

(PLEASE make checks payable to Project N.A.D.I.N.E.)

\_\_\_\_\_  
 Check box if you are sending a CD with your photo

Check box if you would like to be contacted to send your photo via E-mail

Project N.A.D.I.N.E.  
P.O. Box 7  
Edmond, Ok 73083

Phone: 405-812-4047  
E-mail: [wsmith@projectnadine.org](mailto:wsmith@projectnadine.org)  
[www.ProjectNadine.org](http://www.ProjectNadine.org)



**National Advocates on Deafness  
to Inform, Network and Enrich**