

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

NIC: OVERVIEW AND INTERVIEW PRACTICE

Name: _____ Credentials: _____

Address: _____

E-mail: _____

Phone Number: _____

CHECKS MUST BE POSTMARKED BY 8/17/09 for the OKC Workshop

CHECKS MUST BE POSTMARKED BY 8/24/09 for the Tulsa Workshop

Check Number: _____

Please check which location you will be attending

OKC

Tulsa

Signature: _____

(PLEASE make checks payable to Windell K Smith Jr)

Registration cancellations will be refunded in full if requested at least 30 days prior to the scheduled workshop.

All special accommodations will be provided upon request, send all request with this letter or contact Windell Smith Jr at wsmith@SLRSinc.com

Presentation will be conducted in English.

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