

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

NIC: OVERVIEW AND INTERVIEW PRACTICE

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

Address:

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

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

**CHECKS MUST BE POSTMARKED BY 8/31/09**

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

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](mailto:wsmith@SLRSinc.com)

Presentation will be conducted in English.

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