

REGISTRATION FORM

NHVHN PROFESSIONAL DEVELOPMENT

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

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

School Affiliation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

I am a:

- teacher  paraprofessional  student  parent  
 related services professional  other (specify) \_\_\_\_\_

Workshop Title: \_\_\_\_\_

Date: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

*NOTE: To obtain the reduced rate available to teams from the same school,  
please attach ALL registrations from each school together.*

In order to fully participate in this workshop, I need these accommodations:	
___ Braille	___ e-text of all handouts --
Materials ___ Large Print Materials	___ Sign Language
email address: _____	___ Assistive Listening Device
Interpreter ___ ASL ___ PSE	
Other: _____	

**If you have any questions please call us at  
(603)226-2900 V/TDD or fax us at (603)226-2907.**

Registration fees can be paid by cash, check, purchase order, Visa, or MasterCard