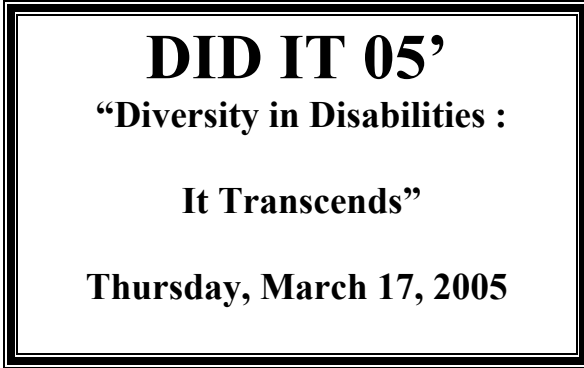


# Registration Form



## Section 1: Personal Information

First name \_\_\_\_\_

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

Nickname for Badge: \_\_\_\_\_

Institution: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

TTY: \_\_\_\_\_

FAX: \_\_\_\_\_

### Please check out the following as applicable

\_\_\_\_\_ Jackson State University Personnel

\_\_\_\_\_ Jackson State University Student

\_\_\_\_\_ Disability Professional

\_\_\_\_\_ ADA Advisory Board Member

\_\_\_\_\_ Other (specify) \_\_\_\_\_

## Section 2: Access Accommodations

\_\_\_\_\_ Wheelchair accessible room

Wheelchair width \_\_\_\_\_ inches

\_\_\_\_\_ Handrails in bathroom

## Workshop Involvement (check any that apply)

<input type="checkbox"/>	<b>Session One: (9:00 a.m. to 11:50 a.m.)</b> Will attend the morning session(s)
<input type="checkbox"/>	<b>Session Two: (1:00 p.m. to 3:50 p.m.)</b> Will attend the evening session(s)

**NOTE: Must complete entire workshop to receive certificate**

## Programmatic Accommodations

I request (check all that applies):

\_\_\_\_\_ Sign Language Interpreter

Language preference \_\_\_\_\_

\_\_\_\_\_ CART

\_\_\_\_\_ Amplification System

\_\_\_\_\_ Note Taking Assistance

**I will need alternate media in the following format (select one):**

\_\_\_\_\_ Audio Tape

\_\_\_\_\_ Braille

\_\_\_\_\_ Large Print

\_\_\_\_\_ Computer Disk

### **ADA Office**

**Jackson State University**

**#111 B. F. Roberts Hall**

**Phone: (601)9793704 – (VOICE) /**

**(601)979-6918 (FAX)**

**(601)979-6919 (TTY)**

**[www.jsums.edu/ada/](http://www.jsums.edu/ada/)**