

Registration Form

Triple "E" 2005 "For A Better Tomorrow"

Thursday, November 10, 2005

Section 1: Personal Information

First name _____

Last Name: _____

E-mail: _____

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"/>	Session One : (9:30 a.m. to 11:30 a.m.) <i>College of Business #134</i>
<input type="checkbox"/>	Session Two: (1:05 p.m. to 3:30 p.m.) <i>College of Business #134</i>
<input type="checkbox"/>	Session Three (6:00 p.m. to 8:00 p.m.) <i>Just Hall of Sciences #115</i>

NOTE: Must complete an entire session 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/