

Name:		Today's Date:	
Email:			
Phone:		Fax:	
Address:			
City/State/Zip:			
Sign Language Preference:			

Individuals must be registered for the Annual Meeting before submitting a request for Sign Language Interpreters

Preliminary Schedule (Due September 15):

Please outline your preliminary schedule below, indicating the days and start/end times that you anticipate the need for an interpreter. Preliminary schedule must be submitted by **September 15** so that appropriate interpreter staffing can be reserved.

Day	Date	Anticipated Start Time	Anticipated End Time	Total Hours
Sunday	11/5/17			
Monday	11/6/17			
Tuesday	11/7/17			
Wednesday	11/8/17			

Final Schedule (Due no later than October 6):

Final schedules should be submitted as soon as possible, but no later than **October 6**. You will work directly with the interpreting company to finalize and confirm your schedule. Please use the online Personal Scheduler at <http://www.apha.org/events-and-meetings/annual> to view the program and select the sessions/events you would like to attend. Print a copy of your “personal schedule” and attach it to this form and mail, fax, or email to APHA—OR—complete the table below with details for each session or event for which you require an interpreter. *If your plans change and you will not be attending any of these sessions, please notify Cynthia Zhu immediately (cynthia.zhu@apha.org) as well as the interpreting company. Cancellations with less than two (2) full business days notice will result in full charges to APHA.*

Important: Please indicate if you are **presenting** at any of the sessions. (ex: APHA Navigate and Network [presenting])

Day:		Date:	
Start Time:		End Time:	
Title:			
Program:		Session #:	
[Office Use]	Hotel:	Room:	Floor:

Day:		Date:	
Start Time:		End Time:	
Title:			
Program:		Session #:	
[Office Use]	Hotel:	Room:	Floor:

Day:		Date:	
Start Time:		End Time:	
Title:			
Program:		Session #:	
[Office Use]	Hotel:	Room:	Floor:

Day:		Date:	
Start Time:		End Time:	
Title:			
Program:		Session #:	
[Office Use]	Hotel:	Room:	Floor:

ON-SITE CONTACT INFORMATION:

Where will you be staying in Atlanta?		
On-site phone number/cell phone:		
What is the best way to reach you on-site?		
Request submitted by:		
Signature of Attendee or Electronic Signature:		Date

Submit Preliminary Schedule by September 15, 2017 to:

FAX: (202) 777-2530
 MAIL: APHA Conventions, Attn: Cynthia Zhu, 800 I Street NW, Washington, DC 20001-3710
 EMAIL: cynthia.zhu@apha.org

Please Note: We will make every effort to fulfill your requests for interpreters. We cannot guarantee last minute requests as interpreters may not be available.

If you have any questions, please contact Cynthia Zhu (cynthia.zhu@apha.org) or 202-777-2475.