



American Sign Language Interpreting Services

Serving South West and West Central Florida

Request for Services

Requester

Name:
Title:
Phone Number:
Fax Number:
Email Address:
Date of Request:

Billing Information

Purchase Order Number:
Organization:
Attention:
Email:
Address:
City/State/Zip:

Assignment Information

Date:
Start Time/End Time:

Location:
Address:
City/State/Zip:
Bldg/Room:
Parking:

Presenter:
Phone or Email:
On Site Contact:
Phone Number:

Deaf Consumer(s):

Please provide as much information as possible about the nature of the assignment and the material to be covered.

Assignment Type/Title:

Emergency:
Legal:
Medical:
Psychiatric:
Employment:
Educational:
Performing Arts:
Religious:
Other:

Communication will be:

Interactive Continuous Lecture
One-on-one (2 people) Ex: Doctor/Patient, Interview...
Small Group (<10 people) Ex: Family Therapy, Dept. Mtg...
Large Group (>10 people) Ex: Staff Meeting, Training...
Platform (on stage) Ex: Graduation, Theatre, Conference...
Indoor Outdoor Both

The following will be included:

Slide Presentation
Power Point Presentation
Video Minutes Title:
Closed Captioned
Movie Minutes Title:
Closed Captioned

When possible, in advance, send any of the following: agenda, power point, written text, transcription, lecture notes, web site, song lyrics, etc. Otherwise, please provide a hard copy and/or verbal summary, on site, just prior to the assignment.

Please verify that the above information is accurate and that you have received a copy of the Terms and Policies for service. For scheduling purposes, please fill in any blank fields that apply and return by email or fax.

Approved by: