



Assistive Listening Devices Request Form

NOTE: 24-hour notice is required for installation of assistive listening devices.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please indicate the 4-digit session number, hotel (or PCC) and room name or number of the session for which you would like APHA to request ALD transmitters. Indicate the required information in the appropriate day/time block below. These devices will be provided by the hotel and the convention center directly. APHA cannot guarantee the quality or availability of ALD, however, every effort will be made to make these devices available for your use.

SESSION TIME	Monday – 11/9/2009	Tuesday – 11/10/2009	Wednesday – 11/11/2009
8:30 am – 10:00 am	Session #: _____ Location: _____ Room: _____	Session #: _____ Location: _____ Room: _____	Session #: _____ Location: _____ Room: _____
10:30 am – 12:00 pm	Session #: _____ Location: _____ Room: _____	Session #: _____ Location: _____ Room: _____	Session #: _____ Location: _____ Room: _____
12:30 pm – 2:00 pm	Session #: _____ Location: _____ Room: _____	Session #: _____ Location: _____ Room: _____	Session #: _____ Location: _____ Room: _____
2:30 pm – 4:00 pm	Session #: _____ Location: _____ Room: _____	Session #: _____ Location: _____ Room: _____	Session #: _____ Location: _____ Room: _____
4:30 pm – 6:00 pm	Session #: _____ Location: _____ Room: _____	Session #: _____ Location: _____ Room: _____	Session #: _____ Location: _____ Room: _____
6:30 pm – 8:00 pm	Session #: _____ Location: _____ Room: _____	Session #: _____ Location: _____ Room: _____	

◇ ALD request submitted by: _____
Signature of Attendee

_____ Date