

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 12):**

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 12** so that appropriate interpreter staffing can be reserved.

Day	Date	Anticipated Start Time	Anticipated End Time	Total Hours
Sunday	11/3/19			
Monday	11/4/19			
Tuesday	11/5/19			
Wednesday	11/6/19			

**Final Schedule (Due no later than October 4):**

Final schedules should be submitted as soon as possible, but no later than **October 4**. You will work directly with APHA to finalize and confirm your schedule. Please use the Online Program at <http://www.apha.org/events-and-meetings/annual> to select the sessions/events you would like to attend. Print a copy of your schedule and attach it to this form and mail or email to APHA—OR—complete the table below with details for each session or event for which you require an interpreter. **If we do not receive a final schedule by the deadline your request will be cancelled.** Once interpreters have been assigned to you, APHA will notify you directly so that you can contact the interpreters to arrange a place and time to meet.

*If your plans change and you will not be attending one or more of these sessions, please notify us at [access@apha.org](mailto:access@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 Philadelphia?		
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 12 to:**

MAIL: APHA Conventions, Attn: Cynthia Zhu, 800 I Street NW, Washington, DC 20001-3710  
EMAIL: [natalie.koo@apha.org](mailto:natalie.koo@apha.org)

Please Note: We will make every effort to fulfill your requests for interpreters. We cannot guarantee last minute requests. APHA will not provide interpreters for any session that will be live captioned. **All requests are subject to approval by APHA.**

If you have any questions, please contact [natalie.koo@apha.org](mailto:natalie.koo@apha.org) ([natalie.koo@apha.org](mailto:natalie.koo@apha.org)) or 202-777-2528.