

## ITP Registration Form 2017

Please return this registration form to Tammy Cantrell before June 15, 2017.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Church Name: (if applicable) \_\_\_\_\_

Church Address: \_\_\_\_\_

Church City: \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Select One: ( ) **Space, Perspective, and Imagery in ASL**

( ) **Our Baptist Story: Understanding Southern Baptists Today**

When I complete the course for which I am registering, I should receive a NAMB certificate for:

\_\_\_ 5 yrs. \_\_\_ 10 yrs. \_\_\_ 15 yrs. \_\_\_ 20 yrs. \_\_\_ 25 yrs. \_\_\_ 30 years \_\_\_ 35 years

If you are a certified interpreter and would be willing to interpret the ITP courses offered, please let us know. If your services are needed, we will contact you. You will be compensated. Please note, if you serve as an interpreter for a course, you will not be eligible for CEUs and it will not count towards the 5-year course NAMB certificate program.

\_\_\_ Yes, I am interested.

Check if you will need any of the following types of interpreting: \_\_\_ sign \_\_\_ voice \_\_\_ tactile \_\_\_ oral \_\_\_ close vision  
\_\_\_ other accommodations (please specify)

Fill out the registration form and mail with a check payable to the "Southern Baptist Conference for the Deaf/ITP" for \$100 and send to:

Tammy S. Cantrell  
5120 Arrowshire Dr.  
LaGrange, KY 40031

### Refund /Cancellation Policy:

1. A full refund will be issued for cancellations made 60 days prior to the ITP date.
2. A 50% refund will be issued for 30 days prior to the ITP date.
3. No refund will be issued for cancellations made less than 30 days before the ITP date.

If you have any questions regarding the ITP classes this summer, please contact:  
Tammy Cantrell, ITP Co-Coordinator at [TammySCantrell@gmail.com](mailto:TammySCantrell@gmail.com) or at (502) 225-9714.

