

2018 Conference Interpreting Team Application

Name: _____

Phone: (____) _____ - _____ Email: _____

Certification(s), *circle all that apply*:

*Attach your certification information if other than MO

MICS Master	BEI Master	NIC
MICS Advanced	BEI Advanced	NIC Advanced
NAD Level 4	RID CI/CT	NIC Master
NAD Level 5	RID CSC	CDI

Have you interpreted for the conference before? YES NO

Are you comfortable with tactile interpreting? YES NO

How many hours you are willing to interpret at the conference? _____

What is your availability during conference weekend? *Circle all that apply.*

Friday	Saturday	Sunday
Morning Registration	Governor's Proclamation	Morning Workshops
Preconference	Breakfast	Afternoon Workshops
Afternoon Registration	Morning Workshops	
Afternoon/Evening Workshops	Luncheon Remarks	
Evening Registration	Afternoon Workshops	
Keynote Presentation	Evening Workshops	
	Banquet/Entertainment	

Submit applications no later than **September 7** to:

Missouri Commission for the Deaf and Hard of Hearing

3216 Emerald Lane, Suite B

Jefferson City, MO 65109

Email: conferenceinterpreters@mcdhh.mo.gov

FOR OFFICE USE ONLY _____
REC'D DATE | REC'D BY | ACCEPTED | EMAIL SENT | INITIALS | COMP SELECTED | CONTRACT REC'D DATE | REC'D BY