



**WISASLTA and WESPDHH Present...**

**Master ASL! Level One**

**Teacher Training Registration**

**August 10<sup>th</sup> – 13<sup>th</sup>, 2009**



**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TXT/PHONE/VP# (Circle One):** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**CHECK or Money Order for \$335 ENCLOSED - check #:** \_\_\_\_\_ Please note – After 6/10/09 cancellations will receive 50% discount, after 6/25/09 NO refunds will be given.

**I am deaf/hearing/hard of hearing (Circle One)**

**I teach at: (Name and address of place you teach)**

\_\_\_\_\_  
\_\_\_\_\_

**I teach ASL Level: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_**

**I have taught ASL \_\_\_\_\_ years**

**I am an ASLTA member YES / NO (Circle One)**

**I am ASLTA certified YES / NO (Circle One)**

**I am teaching with this book(s):** \_\_\_\_\_

**I want undergraduate / graduate (Circle One) credit**

\*You will be mailed a separate registration packet from UW-Whitewater. Questions? Please email [president@wisalta.org](mailto:president@wisalta.org).

**Please return this form with signed check or money order to:**

WisASLTA  
5313 Windwood Circle  
McFarland, WI 53558