State of New Mexico
Commission for Deaf and Hard of Hearing Persons
NMCDHH Presentation Request Form

Agency/Organization Requesting Presentation

Agency/Org. Name: _____

Contact Person: _____

Position: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ **Fax:** _____

Email Address: _____

Preferred Contact: ____Email ____Phone ____Fax

Presentation Information

Presentation Location: _____

Building Address: _____

City, State, Zip: _____

Requested Presentation:

____911 TTY Training ____ADA Overview

____ ADA Title II ____Deaf Sensitivity ____Effective Communication

____Hearing Loss Awareness ____HIV Awareness ____NMCDHH Overview

____TED Program Overview ____Other:_____

Preferred Date & Time: _____ ***Need Ppt Handouts:*** ___ *Yes* ___ *No*

Alternate Date & Time: _____ ***Have Projector:*** ___ *Yes* ___ *No*

Time Alloted: _____ ***Have Computer:*** ___ *Yes* ___ *No*

Communication Access Needs

____ **Interpreter** (choose one) ____Sign Language/Voicing ____Spanish ____Trilingual

____ **CART** (Communication Access Real Time captioning)

____ **Other:**

Audience Information

Group Size: _____ **Children/Adults:** _____

Room Size: _____ **Seating Style:** _____

Ex: sm, med, large Ex: classroom, theater, board room

Please submit completed request form via fax or mail to the following:

Address: NMCDHH
505 Marquette NW, Suite 1550
Albuquerque, NM 87102

Fax#: (505) 383-6533
V/TTY #: (505) 383-6530
Toll Free #: 1-800-489-8536