

*Return This Form Only If You Are Making A Request Offered Below*



## 2015 Georgia Vision Educators Statewide Training: Transitions: A . . . Z

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

On Campus Housing: GAB Residence Cottages
<input type="checkbox"/> I would like to stay at GAB in the Residence Cottage. Reservation for lodging at GAB in the cottages is on a first come, first serve basis and is complimentary to GVEST registrants. Please note that the cottages are dormitory style rooms with a shared bathroom. You must bring your own linens, pillow, towels, and toiletries.
Your address:
Best phone number to reach you:
Arrival Date/Time:
Departure Date/Time:
If you plan to have a roommate, please indicate the roommate name:
Special Requests:
Special Assistance/Accommodations
<input type="checkbox"/> Special Diet Please describe needs:
<input type="checkbox"/> Large Type Materials
<input type="checkbox"/> Braille
<input type="checkbox"/> Interpreter
<input type="checkbox"/> Other Please describe:
Tour of Georgia Braille Transcriber Program at Central State Prison
<input type="checkbox"/> I would like to participate in tour of the Georgia Braille Transcriber Program. The tour will be on Thursday. Space is limited so sign up early. The only item visitors may carry into the facility is a photo ID (no cell phones, purses, etc.)

Please FAX or mail form by **Sept. 20, 2015** to:

**Heather Francis**

**Georgia Academy for the Blind**

**2895 Vineville Avenue Macon GA 31204**

**Phone: 478.751.4426 FAX: 866237.5968**

**E-mail: [hfrancis@doe.k12.ga.us](mailto:hfrancis@doe.k12.ga.us)**