

## Basic Conversational Speech and Lipreading Registration Form

Formerly League for the Deaf and Hard of Hearing/Ear Foundation

TODAY'S DATE							
STUDENT NAME							
ADDRESS							
COUNTY				_			
TELEPHONE			(wor	<)	· · · · · · · · · · · · · · · · · · ·	(home)	
CELL PHONE				_			
EMAIL							
HEARING STATUS	hearing	deaf	hard of hearing			(circle one please)	
PAYMENT METHOD	money order	check	visa	mc	cash	(circle one please)	
TOTAL AMOUNT:	\$60 (includes the materials/handouts)						
CREDIT CARD NUMBER						EXP	
VERIFICATION CODE (3 digits on signature line)							
CLASS DATES & TIMES: October 14th thru November 4th / Tuesdays, 6:30 p.m. – 7:30 p.m.							
LOCATION:	Bridges, 935 E	dgehill Aven	ue, Nashville	, TN 372	<u>203</u>		
REASON FOR TAKING CLASS:							
HOW DID YOU HEAR ABOUT BRIDGES'S CLASSES?							