



**A.R.M.E.D. REQUEST FORM**  
**(Adult Role Models in Education of the Deaf)**  
**School Year: 2011-2012**

Name of School: \_\_\_\_\_ Name of Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ TTY/V/VP Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best time/day/way to contact you? \_\_\_\_\_

Number of Students: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Room Number: \_\_\_\_\_

When do you want the Deaf/Hard of Hearing presenter to come in? What time?

What topic/area would you like the presenter to talk about?

What type of occupation are you interested in?

Do you have a specific Deaf or Hard of Hearing presenter in mind? If so, who?

General Comments: \_\_\_\_\_

Send to any of the following :

- \* Chicago Hearing Society, Division of Anixter Center  
Attn: Michelle Mendiola-McKinnie, Youth Program Manager  
2001 N. Clybourn Ave.-2<sup>nd</sup> Floor, Chicago, IL 60614
- \* (773) 248-9176 Fax
- \* Email: MMENDIOLA@ANIXTER.ORG