



A.R.M.E.D. REQUEST FORM
(Adult Role Models in Education of the Deaf)
School Year: 2009- 2010

Name of School: _____ Name of Teacher: _____

Address: _____ City _____ St. _____ Zip _____

Phone Number: _____ TTY/ V _____ 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 to 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, Youth Program Manager
2001 N. Clybourn Ave.-2nd Floor, Chicago, IL 60614
- * (773) 248-9176 Fax
- * Email: MMENDIOLA@ANIXTER.ORG