

PAUL V. SHERLOCK CENTER ON DISABILITIES

Mailing List Sign Up Form

____ *I am currently on the Sherlock Center mailing list. Please update my contact information.*

Mailing Address: (Please type or print

Name: _____

Title: _____

Agency (skip if providing a home address): _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Ext. _____ Home Phone: _____

Fax: _____ Email: _____

The information provided below will help the Sherlock Center to customize the information sent to you:

Check affiliations:

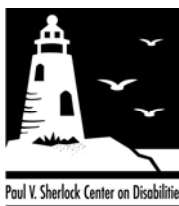
- ____ Child/Youth Service Provider
- ____ Family Member
- ____ Higher Ed Faculty/Staff
- ____ Individual with a Disability
- ____ Medical Provider
- ____ Regular Educator
- ____ School Administrator
- ____ School OT/PT
- ____ School Social Worker
- ____ Special Educator
- ____ Teacher Assistant
- ____ TVI/O & M
- ____ Other _____

Check topics of interest:

- ____ Assistive Technology
- ____ Dual Sensory Impairment
- ____ Early Childhood Transition
- ____ Early Intervention
- ____ Employment Support
- ____ Family Support
- ____ Inclusion
- ____ Positive Behavioral Intervention and Support
- ____ Special Education (includes course announcements)
- ____ Transition/School to Career
- ____ Universal Design for Learning
- ____ Vision
- ____ Other _____

Preferred method to receive information: ____ U.S. Mail ____ E-mail

Mail to: Sherlock Center on Disabilities
Rhode Island College
600 Mt. Pleasant Avenue
Providence, RI 02908-1991



Fax to: (401) 456-8150

For assistance, call:

(401) 456-8072 Voice
(401) 456-8773 TDD

Web Address: www.sherlockcenter.org