



Distance Opportunities for Interpreter Training Center of UNC  
 is an Approved RID CMP Sponsor for Continuing Education Activities.  
 This Professional Studies program is offered for .7 CEUs in  
 Content Knowledge Level.



**For Professionals Who Serve Wyoming's  
 Deaf and Hard of Hearing Population**  
**Suggested Level/Prior Knowledge: Some to Extensive and Teaching**

# WYRID 2008 SPRING CONFERENCE

## April 12, 2008

### Linguistic Foundation and Practical Application of ASL to English Interpreting

Who couldn't improve their voicing skills?

Please join us as we learn practical application of voice interpreting various ASL sources into English including linguistic equivalence and strategies for increasing consistency.

**PRESENTER:** John Chambers, M.A., J.D., CI/CT  
**REGISTRATION:** April 12<sup>th</sup> 7:30 – 8:00 a.m.  
**WORKSHOP TIMES:** Saturday, 8:00am – 12:00pm and 1:00pm – 4:30pm  
**WYRID BUSINESS MEETING:** Saturday, 12:00 – 1:00 Catered – cost included in registration amount  
**COST OF WORKSHOP:** Current WYRID members \$55.00 (Includes catered lunch)  
 Non-members \$80.00

Want to become a member of WYRID?

See [www.wyrid.org](http://www.wyrid.org) for a membership form or join during registration at the workshop!

#### Accommodations

**C'mon Inn @ Casper** 301 E. Lathrop Road  
 Exit 185—Turn right onto Curtis, right onto Lathrop  
**\$109.99** / night [866-782-2690](tel:866-782-2690) (Ask for WYRID rate.)  
 Cut off for reservations → **March 11<sup>th</sup>, 2008**  
[www.Cmoninn.com](http://www.Cmoninn.com)

#### Have Questions? Please Contact....

Darla Sullins 262-9179 or [dsullinswy@yahoo.com](mailto:dsullinswy@yahoo.com)  
 Denise Morse 649-2288 or [DCMorsefam@aol.com](mailto:DCMorsefam@aol.com)  
 Kelly Christensen 258-1627 or  
[KellyCTerp@bresnan.net](mailto:KellyCTerp@bresnan.net)

**Cancellation Policy:** No refunds after March 31<sup>st</sup>, 2008

*Please send registration to: Kelly Christiansen, 1980 Nottingham, Casper, WY 82609*

-----CUT HERE-----

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

Phone No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

WYRID Member?  Yes  No

AMOUNT ENCLOSED: \_\_\_\_\_ CHECK # \_\_\_\_\_

If needed, I will interpret: SATURDAY: Yes

Specific ADA Accommodations needed: \_\_\_\_\_

Other comments or concerns: \_\_\_\_\_

