

## BELLINGHAM

## "Working Together I: Deaf & Hearing People"

This half-day workshop is presented by the *Hearing, Speech & Deafness Center—Bellingham*. This exciting workshop is geared to human resources professionals, diversity affairs managers, administrators, managers, supervisors, deaf employees, and their hearing co-workers. The workshop experience is most powerful and effective when deaf & hearing colleagues attend together. It will be taught by James Christianson, Jr. and Joel Bergsbaken.

## Topics include:

- Making Your Workplace "Deaf Friendly"
- Understanding Deafness & Deaf Culture
- "Hands On" Communication Exercises and Communication Strategies
- Introduction to Basic Work-Related Signs & Fingerspelling
- Using TTYs, Relay Services, Videophones, Interpreters, Other <u>NEW</u> Technologies

Sign language interpreters provided throughout. Fee includes BREAKFAST - Free Parking

## Last day to sign up is April 8, 2005

To register, please complete the following form and submit it with your check to:

Hearing, Speech & Deafness Center

114 West Magnolia Street, Suite 105

Bellingham, WA 98225

OR, REGISTER BY FAX: Register via credit card be sending 360.647.0923 FAX.

**Location:** St. Luke's Community Health Education Center-PeaceHealth St. Joseph Hospital

3333 Squalicum Parkway (**ROOM D**) Bellingham, WA 98225

**Date:** Thursday, April 21, 2005 **Time:** 8:30 AM—12:30 PM

**Cost:** \$90.00 per person [Group rates available]

Questions: Email James Christianson and Joel Bergsbaken at info@bellingham.hsdc.org

Call at 360.647.8508 TTY or 360.647.0910 Voice

|                                | CUT.           | HERE |               |                |  |  |
|--------------------------------|----------------|------|---------------|----------------|--|--|
| Name                           |                |      |               |                |  |  |
|                                | City/State/Zip |      |               |                |  |  |
|                                |                |      |               | Email address  |  |  |
| Working Together I fee tot     | tal \$ cho     | eck  | _ credit card | purchase order |  |  |
| Credit Card #/purchase order # |                |      | Exp. Date     |                |  |  |
| Signature if using credit card | d              |      |               |                |  |  |

If you are in need of accommodations to participate in this training, please contact James or Joel at least 2 weeks prior to the training at <a href="mailto:info@bellingham.hsdc.org">info@bellingham.hsdc.org</a> or 360.647.0910 Voice or 360.647.8508 TTY