



HELEN KELLER  
NATIONAL CENTER  
NORTH CENTRAL  
REGION

## 3rd Annual Deaf-Blind Retreat Deaf-Blind Campers Registration Form June 9 – 12, 2010

*Hands-on Experience Workshops for Consumers,  
Interpreters and Interpreter Training Program (ITP) Students*

**Deaf-Blind Campers** - Come for an exciting four-day retreat with your peers and meet new faces! Fun filled activities and educational workshops await you at our Deaf-Blind Retreat which will cover:

- Learning how to meet, communicate and socialize with other individuals who are Deaf-Blind
- Learning how to work with SSPs effectively
- Participating in fun activities such as:
  - Swimming
  - Massages
  - Shopping
  - Going out to dinner
  - Field trip
  - Educational workshops focusing on:
    - Developing and using self-advocacy skills
    - Observing and participating in the Illinois Association of Deaf-Blind (IADB) meeting
    - Learning about the value and importance in contacting your legislators
    - Technology workshop including demonstrations and explanation of current aids/devices
    - And so much more!!

***HURRY AND REGISTER***  
***Space is limited!***  
***At-Door Registration will not be accepted.***

# Deaf-Blind Retreat Registration Information

## Date and Location

Wednesday, June 9 – Saturday, June 12, 2010

Illinois School for the Visually Impaired (ISVI)  
658 East State Street  
Jacksonville, IL 62650

## Registration Information

The Fee/Cost of the Retreat is \$55.00 including:

- 4-day experience
  - 8 meals
- 3 nights of lodging
- 

**APPLICATION DEADLINE: APRIL 30, 2010**

Send application to:

Deaf-Blind Program  
The Chicago Lighthouse  
1850 Roosevelt Rd  
Chicago, IL 60608

*Make check/money order payable to: The Chicago Lighthouse*

**LATE FEE Registration (after April 30<sup>th</sup>) will be \$105.00  
(\$50.00 + \$55.00 = \$105.00)**

*Participants may arrive no earlier than 5:30 PM on Wednesday  
The event concludes on Saturday afternoon  
All sessions attendance is **REQUIRED***

## Transportation

You are responsible for making travel arrangements.

However, we will provide transportation TO/FROM ISVI (in Jacksonville) and TO/FROM Amtrak and the airport (in Springfield) at the fee of \$20. You are responsible for contacting us ahead of time with a specific time and information if you need our assistance with transportation (by June 7<sup>th</sup> so we may schedule accordingly). You may contact either Mindy at [mindy.mayer@chicagolighthouse.org](mailto:mindy.mayer@chicagolighthouse.org) or Joann Rushing (312) 666-1331 Ext. 3451 or (815) 922-5938 (Voice).

***CANCELLATION POLICY: If you need to cancel your registration, please send an email to [deafblindinfo@chicagolighthouse.org](mailto:deafblindinfo@chicagolighthouse.org). Please consider donating your registration refund to IL DBWR. All donations are tax-deductible. Refund requests will be handled on an individual basis.***

## Workshop Information:

- ❖ **Interpreter appropriate clothing is required at all times. This means plain shirts with no prints, stripes, or plaids. Shirts must contrast with skin tones – i.e. light-skinned persons wear black, navy blue, or forest green. Dark-skinned persons wear cream or pastel blues/yellows/greens. No shades of RED and white colored tops are to be worn. Please – no sleeveless or V-neck shirts.**
- ❖ **Housing is dormitory style. Participants will share a suite with (2) bedrooms, (2 to a bedroom) and a shared bathroom. Participants must bring their own sheets (flat), towels and washcloths. Pillows and blankets are provided. Participants must bring own toiletry items as desired: bath soap, shampoo, hair dryers, shavers, and curling irons.**
- ❖ **Roommates may be requested, however ALL roommates MUST make the same request to room together for the request to be honored. Every attempt will be made to honor request, but placement cannot be guaranteed.**
- ❖ **ISVI is a drug, alcohol and smoke-free state operated facility. If caught with drugs or alcohol, you will be subject to arrest and be removed from campus. Smoking is only allowed on the outside perimeters of the campus, such as sidewalks, but not allowed on campus sidewalks.**
- ❖ **Parking is available on the parking lot, northwest of the campus.**
- ❖ **For the safety of Deaf-Blind participants, interpreters and ITP students are expected to remain at ISVI at all times. Unscheduled trips off-campus are not permitted.**

## Workshop Co-Sponsors:

**The Chicago Lighthouse for People Who Are Blind or Visually Impaired  
Helen Keller National Center  
Illinois School for the Visually Impaired  
Illinois School for the Deaf  
Jacksonville Area Center for Independent Living  
Jacksonville Community Center for the Deaf  
Illinois Telecommunication Access Corporation  
Collaborative for the Advancement of Teaching Interpreters Excellence  
Illinois Deaf and Hard of Hearing Commission**

# DEAF-BLIND CAMPERS REGISTRATION FORM

3rd Annual Deaf-Blind Workshop Retreat

*Registration forms must be postmarked NO LATER than April 30, 2010*

1. Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ V / TTY Email/Pager \_\_\_\_\_

VP or IP: \_\_\_\_\_

2. When was the last time you attended the Retreat Never 2009 2008

3. Preferred format. Which do you prefer for Retreat info?

Email \_\_\_\_\_ Large Print \_\_\_\_\_ Braille \_\_\_\_\_

5. Regular Diet \_\_\_\_\_ Special Diet (please explain): \_\_\_\_\_

6. Requested Roommate: \_\_\_\_\_  
(Anyone requesting to room together must request each other)

7. Smoker: Yes \_\_\_\_\_ No \_\_\_\_\_

8. Match with a smoker? Yes \_\_\_\_\_ No \_\_\_\_\_ Does not matter \_\_\_\_\_

9. Dog Guide: Yes \_\_\_\_\_ No \_\_\_\_\_

10. Comfortable around Guiding Dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Registration Fee: \$55.00 \_\_\_\_\_ Transportation Fee: \$20.00 \_\_\_\_\_

12. Circle which best describes you:

Hearing \_\_\_\_\_ Hard of Hearing \_\_\_\_\_ Deaf \_\_\_\_\_

13. Check all that apply: Tactile \_\_\_\_\_ Tracking \_\_\_\_\_ Restricted field \_\_\_\_\_

14. My vision is best described as:

Usher Syndrome \_\_\_\_\_ Glaucoma \_\_\_\_\_ Retinal Detachment \_\_\_\_\_  
Macular Degeneration \_\_\_\_\_ Other \_\_\_\_\_

15. Sign Language

Which communication modes are you comfortable with? Check all that apply.

ASL \_\_\_ PSE \_\_\_ SEE \_\_\_ Fingerspelling only (no sign) \_\_\_

Tactile \_\_\_ Tracking \_\_\_

16. What is your preference for communication? Check all that apply.

ASL (Deaf School) \_\_\_\_\_ PSE (English Sign & ASL mixed) \_\_\_\_\_

English sign \_\_\_\_\_ Finger spelling only \_\_\_\_\_

Speak and use sign language \_\_\_\_\_

17. Do you have difficulty with walking? Yes No

18. Will you bring a wheelchair? Yes No

19. Do you need a wheelchair? Yes No (We will provide a wheelchair)

20. Do you use a walker? Yes No

***Please remember to mail your REGISTRATION FORM, CHECK/MONEY ORDER AND YOUR EMERGENCY INFORMATION FORM BY APRIL 30<sup>TH</sup>.***

**Upon receipt of your registration, and emergency/medical form, along with your registration fee; our office will send the following after consideration and approval:**

- Acceptance letter
- Directions to Illinois School for the Visually Impaired (ISVI)
- List of workshop presenters
- Tentative 4 day schedule
- “What to Bring” checklist