

# ALDAcon 2009

## Newcomer Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/state/zip/country: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Voice \_\_\_ TTY \_\_\_ CapTel \_\_\_ VCO  
Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### How did you learn about ALDA:

\_\_\_ Friend (name): \_\_\_\_\_  
\_\_\_ Website: \_\_\_\_\_  
\_\_\_ Other (specify): \_\_\_\_\_

### I am:

\_\_\_ Employed                      \_\_\_ Retired                      \_\_\_ In transition  
\_\_\_ In school/training              \_\_\_ Work at home              \_\_\_ Unemployed/looking for work  
\_\_\_ Unemployed/not looking for work              \_\_\_ Not working due to disability  
\_\_\_ Other \_\_\_\_\_

### Strategies that I use:

\_\_\_ Hear in quiet areas    \_\_\_ TTY    \_\_\_ VCO or CapTel phone  
\_\_\_ Cochlear implant    \_\_\_ Hearing aid(s)  
\_\_\_ Sign language    \_\_\_ Speechreading/lipreading    \_\_\_ Pencil and paper  
\_\_\_ Other \_\_\_\_\_

### Age:

\_\_\_ Under 30    \_\_\_ 30 – 40    \_\_\_ 41 – 55    \_\_\_ 56 – 70    \_\_\_ Over 70

### About me:

Cause, length, and severity of hearing loss: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Hobbies/special interests: \_\_\_\_\_  
\_\_\_\_\_

Please return this form with your paid registration. By completing and signing this form, you are giving

us permission to copy and distribute it to other newcomers and officials at this conference.

Signature: \_\_\_\_\_

For more information, please contact Cynthia Amerman via email at [cynthiaamerman@gmail.com](mailto:cynthiaamerman@gmail.com)

