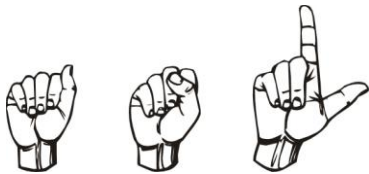


FALL 2019 ASL CLASSES



Levels 1, 2 & 3

at College of the Holy Cross
from 6—8pm (Room TBD)

REGISTER NOW!

- 10-Week Classes with a Deaf Instructor
- Classes start the week of September 9th
- Open to all - ages 18 and up
- Learn ASL AND Deaf Culture!

TUITION:

\$200 (only \$20 per class!)

RETURN STUDENTS — 10% DISCOUNT

RECRUIT A FRIEND — 5% DISCOUNT

(MAX DISCOUNT 15%)

\$100 SPECIAL DISCOUNT AVAILABLE!

REGISTER 3 staff/students from 1 agency/
organization/ school, AND the 3RD person

ONLY PAYS ½ price tuition!

SAVE \$100!

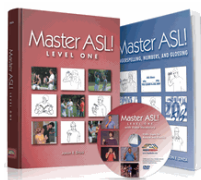
ASL 1 AND 2 Required Books (***NOT INCLUDED IN TUITION***):

1) *Master ASL Level One* (includes DVD)

[ISBN #978-1881133209]

2) *Master ASL Student Companion*

[ISBN #1-881133-21-4]



Available online at: SignMedia.com; Amazon.com;
barnesandnoble.com

ASL 3 Required Books (***NOT INCLUDED IN TUITION***): TBD

UPDATED SCHEDULE

ASL 1: Wednesdays

Book: Master ASL

ASL 2: Mondays

Book: Master ASL

ASL 3: Wednesdays

Book: TBD

CLASS MINIMUM: (8) STUDENTS

Cancellation notifications prior to 1st class.

Refunds ONLY if class is cancelled.

MUST REGISTER BEFORE:

September 4th, 2019

Please complete the
registration and mail with
payment to CLW



HOSTED BY:

Center for Living & Working - DHILS

Contact: Denise Paro, Admin. Asst.

508-556-1600

dparo@centerlw.org





Center for Living & Working, Inc.
Deaf and Hard of Hearing Independent Living Services
REGISTRATION FORM for ASL CLASSES (Fall 2019)

Name (print): _____

Address: _____

City/State/Zip Code: _____

E-mail: _____

Phone Number: _____ VP Voice TTY

Registering for (circle one): ASL 1 ASL 2 ASL 3

Are you a Return Student? Yes No If yes, previous ASL Class Level taken: ASL 1 ASL 2

Did you refer a friend? If yes, who? _____

Did you register 3 staff/students from the same agency/organization/school? If yes, who? _____

How did you hear about our ASL classes (circle one)?

Flier from CLW CLW Staff Member Facebook CLW Newsletter CLW Website

Other: _____

Do you receive fliers from CLW (circle one)? Yes No If no, would you like to (circle one)? Yes No

Are you Deaf, Hard of Hearing, DeafBlind, or Late-Deafened? Yes No

If yes, please circle one: Deaf Hard of Hearing DeafBlind Late-Deafened

CHECKS or MONEY ORDERS MUST BE PAYABLE TO: CLW

Please send completed, signed application with payment to:

Joan Philip, *DHILS Program Director*

ASL Class

Center for Living & Working, Inc., 484 Main Street, Suite 345, Worcester, MA 01608

VideoPhone: **508-762-1164** TTY: **508-755-1003** Fax: **508-797-4015**

NOTE: We also accept CASH payments.

Full payment (cash, check, or money order) **MUST BE**
received by CLW **BEFORE** the first class.

CLW only:

Tuition Date: _____

Payment Cleared: _____

Payment Date: _____

Receipt Sent: _____

Payment Amount: _____

Comments: _____