


The Language Door LLC
An Education and Resource Network
PO Box 23998 Tigard, OR 97281-3998


The Language Door LLC
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Presents

Deaf-Hearing Team Interpreting With Nigel Howard and Julie Simon

**Friday, December 4, 2009 – 5:45 – 9:00 pm
and**

**Saturday, December 5, 2009 – 9:00 am – 5:00 pm
NOTE: NEW DATES**

This workshop, geared toward working interpreters, will provide participants with an overview of how Deaf and hearing interpreters can work together effectively to meet the needs of their consumers. Discussion will include the importance of trust and rapport between team members and how to prepare together before the job to minimize obstacles that may impede team performance. Participants will have the opportunity to practice through a variety of hands-on interpreting scenarios.

Pre-requisite: Minimum 5 years interpreting experience required.

This workshop will be presented in ASL. Interpreters will not be provided.

SPACE IS LIMITED. Pre-registration strongly suggested.

Nigel Howard is an ASL Instructor at Douglas College in the Department of Sign Language Interpretation, and also works as Instructor for the Child, Family and Community Studies. He is the ASL coordinator for Continuing Education Department. Nigel has worked as a Deaf Interpreter for 15 years, often in medical, mental health, legal and conference (local, national and international) settings. He has BA in Psychology from the University of British Columbia and has taken course work toward a Master's degree. Nigel is a member of West Coast Association of Visual Language Interpreters and Association of Visual Language Interpreters of Canada.

Julie Simon has been an American Sign Language/English Interpreter for over 27 years and an interpreter educator for over 20 years, having taught in both pre-service and in-service settings on a wide range of topics, and holds RID certification (CI & CT). Prior to opening *The Language Door* in March 2007, she served for over 11 years as Administrator for the Western Region (formerly Region X) Interpreter Education Center at Western Oregon University.

COST:

Pre-registration postmarked by or on 11/25/09 \$125
At-the-door or postmarked after 11/25/09, **space permitting** \$155

SPECIAL OFFER – PRE-REGISTRATION ONLY:

Deaf-Hearing teams who register together* \$220
(\$110 per person)

*Registrations must be received at the same time
And postmarked by 11/25/09

REFUND POLICY:

Registration cancellation must be received in writing.
Prior to or on November 25, 2009, refund less \$25.
After November 25, 2009, no refund

RID CEUs: 0.95 RID CEUs Professional Studies, Content Level-Intensive,
offered through The Language Door, an RID-Approved CMP & ACET Sponsor.
Activity #0264-1009-14



LOCATION:

Friday evening and Saturday morning:
The Language Door, 8285 SW Nimbus Ave. Suite 112, Beaverton, OR 97008

Saturday afternoon: The Broadway Rose Theatre New Stage.
Directions provided at the workshop.

LODGING:

Phoenix Inn Suites, 9575 SW Locust St., Tigard, OR 97223
503-624-9000; www.phoenixinn.com
Call for rates and availability. Includes continental breakfast.
Located 1.4 miles from The Language Door

For additional information or questions about accessibility:

info@thelanguagedoor.net
503-641-7950 503-641-7656 Fax
70.89.177.177 VP
P.O. Box 23998, Tigard, OR 97281-3998

CO-SPONSOR:

The Broadway Rose Theatre Company
www.broadwayrose.com



Deaf-Hearing Team Interpreting
December 4-5, 2009

NAME: _____

ADDRESS: _____

PHONE: (_____) _____ VP IP #: _____

EMAIL: _____

Indicate number of years of interpreting experience: _____

Indicate certification, if any: _____

Single Registration

_____ \$125 Pre-registration: must be postmarked by or on November 25, 2009

Special Offer: Deaf-Hearing Co-Registration

_____ \$220 Pre-registration: must be postmarked by 11/25/2009 (\$110 per person)

If co-registering, information of Co-registrant:

NAME: _____

NOTE: This person's registration form and payment must be submitted at the same time.

Or pay by credit card: **Visa** **Master Card** **Discover**

Name on card: _____

Card #: _____

Expiration Date: _____ 3-digit code _____

Billing Zip Code _____ Amount: \$ _____

Mail registration to: The Language Door, P.O. Box 23998, Tigard, OR 97281-3998

Registration accepted via fax for credit cards: 503-641-7656