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Ending Pages

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ADARA

Professionals Networking for Excellence
 in Service Delivery with Individuals
 who are Deaf or Hard of Hearing
 P.O. Box 480 • Myersville, MD 21773
 301-293-8969 (V/TTY) • 301-293-9698 (Fax)
 www.adara.org

Name: _____ Degree/Title: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 TTY: _____ Fax: _____ E-mail: _____
 Employer: _____ Department: _____
 Job Title: _____ Description of Job: _____

Highest Degree Earned:	Ethnicity:	Are you:	Gender:
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Black	<input type="checkbox"/> Deaf	<input type="checkbox"/> Male
<input type="checkbox"/> A.A.	<input type="checkbox"/> White	<input type="checkbox"/> H.H.	<input type="checkbox"/> Female
<input type="checkbox"/> B.A./B.S.	<input type="checkbox"/> Asian	<input type="checkbox"/> Hearing	
<input type="checkbox"/> M.A./M.S.	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Late Deafened	
<input type="checkbox"/> Ph.D./Ed.D.	<input type="checkbox"/> Other	<input type="checkbox"/> DeafBlind	

What are your areas of interest? (Rank your top three choices by numbering 1-3)

<input type="checkbox"/> Communication Specialist	<input type="checkbox"/> Public Policy	<input type="checkbox"/> Independent Living	<input type="checkbox"/> Social Work
<input type="checkbox"/> Elementary/Secondary Ed..	<input type="checkbox"/> Employment	<input type="checkbox"/> Interpreting	<input type="checkbox"/> Advocacy
<input type="checkbox"/> In-Service Training	<input type="checkbox"/> Administration	<input type="checkbox"/> Vocational Counseling	
<input type="checkbox"/> Pre-Service Training	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Other _____	

Special Interest Section (Please check a Section you would like to join)

<input type="checkbox"/> Postsecondary Education	<input type="checkbox"/> Deaf Blind	<input type="checkbox"/> Vocational Placement	<input type="checkbox"/> Research
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Chemical Dependency	<input type="checkbox"/> Deaf and Hard of Hearing Professionals	

Have you been a member of ADARA in the past? If so, what year did you join? _____
If you are a member of a local chapter, please indicate which chapter: _____

Membership: Regular Two-Year \$105 Organizational \$150/yr
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Method of payment: Check Money Order Visa MasterCard
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Signature _____
 Date _____
 (Make checks payable to ADARA)

NATIONAL COUNSELORS OF THE DEAF ASSOCIATION



SAVE THESE DATES!

**2010
Conference**

March 11-14th

Check out <http://ncdacounselors.org> for more information
and/or

Suzanne Dennis, President
Suzanne.Dennis@jocogov.org

Jennifer Hampton, Treasurer
jhampton@ksd.state.ks.us



A special thanks to GURC—JCCC for being a supporter of the
2010 National Counselors of the Deaf Conference!!!



Breakout Conference: Effective Mental Health Services for Deaf and Hard of Hearing Persons

June 17-19, 2010

**Westin Atlanta North Hotel at Perimeter
Seven Concourse Parkway
Atlanta, GA**

Goal of the Conference

The *American Deafness and Rehabilitation Association (ADARA)* is pleased to revive the ***Breakout Conference*** in cooperation with the *Gallaudet University Regional Center at Flagler College*. The goal of this conference is to provide training and networking opportunities for mental health professionals serving deaf, deafened, and hard of hearing adults and/or children who have severe mental illness or emotional disorders. Presentations will provide information that attendees will be able to implement and utilize in the workplace with their clientele.

For more information, see

http://www.adara.org/pages/2010BreakoutConference/2010_Breakout_Registration_Form.pdf

or contact Steve Larew at SLarew@flagler.edu

866-948-8248 VP

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JADARA

A journal for professionals networking for excellence in service
delivery with individuals who are deaf or hard of hearing

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