

INTERPRETER BOOKING FORM

Please email completed form to interpreting@vocalink.net



405 West First Street

Dayton, Ohio

P: 937-401-1476

Vocalink.net

interpreting@vocalink.net

CLIENT INFORMATION

Today's Date: _____

*Company Name: _____

*Requestor's Name: _____

*Billing Contact Name: _____

Reference or PO#: _____

*Phone Number: _____

*E-mail: _____

Address: _____

EVENT INFORMATION Based on your selections, our proposal will include the appropriate quantity of interpreters needed.

*Event Start Date/Time: _____

*Event End Date/Time: _____

*Multiple Days?: Y N S M T W T F S

Different daily start and end times? Please List: _____

Length of assignment: _____

Services Being Requested: Consecutive Simultaneous Tactile

Event Title: _____

Subject matter that will be discussed in meeting: _____

Event Description: _____

Building and Room(s): _____

Room Type: Conference Room Auditorium Classroom Other

Besides primary setting, will there alternate locations? Y N

Please explain in detail: _____

Number of non-English speaking participants in the meeting room(s): _____

Number of total participants: _____
(English/non-English)

Language(s) requested: _____

Known Deaf or Hard of Hearing Attendees: Y N Quantity: _____

Will presentation material(s) need to be translated? Y N

Will any audio visual materials be presented? Y N

Please provide resource materials 5 days prior to event: i.e. agenda, topic of discussion, supporting subject materials, presentation info, etc.

LOCATION INFORMATION

*Address: _____

Helpful Landmarks: _____

FOR OFFICIAL USE ONLY - TO BE COMPLETED BY VOCALINK

Presentation information: _____

Presentation type: _____

Translation required: _____

Simultaneous: _____

Consecutive: _____

Additional information: _____

Equipment Required	Quantity
Qty wireless headsets	
Booth	
Table Top Booth	
Transmitter	
Microphone	