

PRODUCER FORM



P.O Box 7120 Baltimore Md. 21216

E-Mail MADIF2020@yahoo.com Web-Site www.midatlanticinterpreterfund.org

Event Name _____

Date of Event _____

Event Time _____

Start Time _____

End Time _____

Producer Name _____

Phone (mobile) _____

Email _____

Event Location/Address _____

Name of Requested Interpreter (NOTE: every effort to provide the requested Interpreter is based on availability.) _____

Level of Interpreter requested (NOTE: every effort to provide the highest level Requested is based on availability.) *Certified, Precertified, Qualified, Intern*

This form may be sent to the Post Office Box or via email above.

Needed one month in advance. If submitted any later than that deadline, we will try to meet your communication needs but cannot guarantee that due to availability. All information provided will remain confidential.

Please advertise this as an ASL-friendly event in association with MADIF. If you have any questions, please us via E-Mail

Name of Interpreter	Qualification	Hr. Rate	Total Hrs.
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Please Note: MADIF will not be responsible for any cancellations. This is strictly up to the producer or sponsor of the event.