



**TDI Consumer Advocacy Training Program
Application Form
(Midwest Region - October 11-12, 2008)**

Name: _____

Mailing Address: _____

Phone #: (_____) _____
VP / TTY / Voice / FAX / CapTel / Braille TTY (circle your preference)

Email / Pager addresses: _____

(Please briefly answer each question below, thanks!)

1. Why are you interested to participate in this training program?

2. What previous experience do you have in the community as a consumer advocate?

3. What issues are important to you that we could work on?

4. How will this training benefit you and others in future?

**Thank you for your interest, and we will be in touch soon.
Form must be submitted to TDI no later than Wednesday September 17, 2008**