

## **Membership Application for the NH Assistive Technology Training Alliance**

*Note: This information will be posted on the ATinNH website (ATinNH.org) to allow the public to choose the most appropriate workshop provider. Consider this a PR opportunity and a way to profile yourself.*

**Name:**

**Organization:**

**Address:**

**Phone Number:**

**Email Address:**

**Credentials:**

**(Please attach a CV)**

**What regions of the state are you willing to travel to to conduct an AT training:**

**List up to 10 Assistive Technology Training Topics that you are proficient and interested in providing AT training in:**

**List AT workshop titles and topics (incl. length) that you have presented in the past:**