

## PHILIPPINE ASSOCIATION OF INTERPRETERS FOR DEAF EMPOWERMENT

(02) 534-5512 & (02) 532-5795 / PAIDE96@YAHOO.COM

## SIGN LANGUAGE INTERPRETING SERVICE REQUISITION FORM

ИE	FIRST NAME	MIDDLE INITIAL
STREET NAME	CITY/PROVINCE	ZIP CODE
PHONE NUMBER / CEI	LL NUMBER	E-MAIL ADDRESS
	TIME:	
EASE CHECK):		
EDUCATIO		
	(PHP.350/HOUR	)
WEDDING		
	(PHP.500/HOUI	K)
PERFORMING ARTS (PHP.500/HOUR)		
TV INTERI	TV INTERPRETING (PHP.750/30 MINS)	
OTHERS:		
OTTIERS.		
CHF	OUE:	
	EASE CHECK):  EDUCATION  WEDDING  PERFORM  TV INTERI  OTHERS:	STREET NAME  CITY/PROVINCE  PHONE NUMBER / CELL NUMBER  TIME:  EASE CHECK):  EDUCATIONAL - CLASSROOM, CME (PHP.350/HOUR  WEDDING, BAPTISM, NECROLOGICA (PHP.500/HOUR  PERFORMING ARTS (PHP.500/HOUR  TV INTERPRETING (PHP.750/30 MIN

## SIGN LANGUAGE INTERPRETING SERVICE INSTRUCTIONS

All requests for sign language interpreting service should be made two (2) weeks before the event. The institution will highly appreciate if a free meal would be provided to the interpreter in the course of the interpreting session with the deaf. Transportation allowance will depend on the proximity of place, where interpreting service will be held, and will be discussed with PAIDE officer-in-charge.

Please send completed Sign Language Interpreting Requisition Form together with payment or deposit slip through email attachment at paide96@yahoo.com or FAX: 532-6316.

Kindly inform the office of the transaction made through our landline: 534-5512.

Payment in cash or in cheque should be deposited to:

## PAIDE PSBANK ACCOUNT BONI AVE. BRANCH

Account Name: Philippine Association of Interpreters for Deaf Empowerment, Inc. or PAIDE, Inc.

Current Account No. 131-33200011-8

NOTE: Cheque payment should be made payable to PAIDE, Inc.

Thank you for your cooperation and support to our program.