



2010 INTRODUCTION TO COMMUNITY INTERPRETING REGISTRATION

Session consists of a (1) day class, 9 hours

Cost: \$100

(Cost includes materials, continental breakfast, light lunch and snacks)

2010 Introduction to Community Interpreting Offerings

Friday, February 26: 8am-5pm OR Friday, March 19: 8am-5pm

You may benefit from workshop if you have:

- Proficiency in both English and a foreign language
- Desire to work as a professional interpreter in a variety of contexts: medical, social service, legal, mental health and schools
- A desire to enhance your present interpreting skills
- Eagerness to increase your qualifications
- Aspire to increase your confidence in a wider range of settings
- Desire to join the IIB's list of professional interpreters and translators.

Workshop topics

- Professionalism
- Ethics
- Skills
- Reward

Participants who complete the workshop will receive a certificate of attendance from the International Institute of Buffalo and an opportunity to join our list of recommended freelance interpreters and translators.

Agenda

8:00-8:30 am
Registration and continental breakfast (provided)

8:30 am – 12:00 pm
Part 1

12:00 pm – 12:30 pm
Lunch (provided)

12:30 pm – 4:30 pm
Part 2

4:30 pm – 5:00 pm
Closing Comments

Refunds/Cancellations: The International Institute of Buffalo reserves the right to cancel a class due to limited enrollment or for other reasons. In case of cancellation, registration fees will be fully refunded.

Refunds/Withdrawals: A refund will be given for withdrawals made before or during the second week of classes. A \$20.00 processing fee will be added to any refund request. Notification to withdraw from a class must be made in person or in writing to Language Services Director Felicidad Frenette at ffrenette@iibuff.org.

Questions? Contact Felicidad Frenette at ffrenette@iibuff.org or (716) 883-1900 ext 318.

Please mail Registration Form and Payment to the International Institute of Buffalo, Attn: Felicidad Frenette, by February 23, 2010

Check (1) session you wish to enroll in: Friday, February 26, 2010 Friday, March 19, 2010

Maximum Number of Persons/Session: 25

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____

Languages: _____

Dietary Restrictions: _____

Circle Payment Type: Visa MasterCard Check Money Order Amount \$

Card Number: _____

Expiration Date: _____

Signature: _____

Date: _____