**Interpreting Services**

Please return completed form via fax: 206-632-0405 or email: Interpreting@hsdc.org

***\*Indicates required fields***

\*Requestor's Name:

\*Company: Email:

\*Today's Date:

\*Phone: Fax:

**\*Preferred Method to Receive Confirmation** (email, phone, fax)**:**

\*Service Date(s): \*Start Time:

*If you require the interpreter to arrive earlier than the appointment time, please tell us in the "check-in time". Billing will start at the time the interpreter is required to be on-site.*

\*Address of Appt :

*Include suite, room, floor or building if needed*

\*End Time:

Check-in Time:

**\*City: \*State: \*Zip Code: Arrival Instructions** *(if applicable)***:**

On-site Contact: Phone/Email:

Will this event be recorded or livestreamed? YES ☐ NO ☐

**Please tell us more about your request:** The more information you provide the better! Please call the office at 206-632-7100 or email at interpreting @hsdc.org if you have any questions.

\*Name of the Deaf/Deaf Blind/Hard of Hearing Client(s): Preferred interpreter(s):

Interpreter gender preference, if any:

\*\*\*FLEXIBLE REQUESTS ARE FILLED MORE FREQUENTLY AND QUICKLY\*\*\*

**\*Can your above request be flexible?** *(multiple date/time options, remote* ***or*** *in-person, any time on a specific day, etc)* **YES ☐ NO ☐**

**If yes, tell us more:**

\***Bill To: Attn: Phone: Additional Invoicing Information** (PO#, Provider 1, dept, etc)**:**

**HSDC Seattle** Artz Communication Center 1625 19th Avenue Seattle, WA 98122 (206) 323–5770 **|** Toll-Free: (888) 222–5036 **|** Videophone: (206) 452–7953