



# CAS Interpreting Service

## Aging and Disability Services Division

### Interpreter Request Form

Today's Date:

#### Requestor Information

Name:

Phone Number:

Email Address:

State Agency & Program:

#### Event Information

Date:

Start Time:

AM  PM

End Time:

AM  PM

Assignment Location (please include suite or room numbers):

Event Description:

Purpose of Event:

Name of On-site Contact Person:

On-site Contact's Phone:

Email:

Name of Deaf or Hard of Hearing Participants (if known):

Any Additional Information for this request:

Please send all meeting materials, PowerPoint presentations or additional meeting information prior to the assignment to: [CASInterpreting@adsd.nv.gov](mailto:CASInterpreting@adsd.nv.gov)