



2009 DARTMOUTH COLLEGE COMMENCEMENT

9:30 AM, SUNDAY, JUNE 14

DESIGNATED SEATING REQUEST FORM

(Please Fill Out the Form Completely)

REQUEST DATE _____

REQUESTOR NAME _____

ADDRESS _____

HOME PHONE # _____ WORK PHONE # _____

E-MAIL ADDRESS _____

TYPE OF REQUEST (CIRCLE ALL THAT APPLY AND FILL IN # OF SEATS/SPACES REQUIRED):

ACCESSIBLE SEATING: (THIS SECTION IS RESERVED FOR PEOPLE USING WHEELCHAIRS OR FOR WHOM WALKING MORE THAN SHORT DISTANCES PROVES A CHALLENGE.)

OF GUESTS USING WHEELCHAIRS _____

OF GUESTS WITH MOBILITY CHALLENGES _____

OF ACCOMPANYING GUESTS _____ (LIMIT OF 1 ACCOMPANYING GUEST PER INDIVIDUAL REQUIRING ACCESSIBLE SEATING)

TICKETS FOR THE ACCESSIBLE SEATING AREA WILL BE MAILED 2 WEEKS PRIOR TO COMMENCEMENT.

SIGN-LANGUAGE INTERPRETER AREA: # OF SEATS INCLUDING ACCOMPANYING GUESTS (NO LIMIT WITHIN REASON) _____

NAME(S) OF GUEST(S) REQUIRING DESIGNATED SEATING:

PLEASE STATE BRIEFLY THE REASON FOR YOUR REQUEST:

PLEASE RETURN THE COMPLETED FORM BY MAIL, FAX, OR E-MAIL ATTACHMENT

DEADLINES: SIGN-LANGUAGE INTERPRETER AREA – FRIDAY, MAY 1

ACCESSIBLE SEATING – FRIDAY, MAY 29

Mail: Lenore Noble
Dartmouth College
Conferences and Special Events
6236 Blunt Alumni Center
Hanover, NH 03755

Fax: (603) 646-3090 – Attn: Lenore Noble

E-mail: Lenore.W.Noble@dartmouth.edu

Questions? E-mail or call Lenore at 603-646-2923