

Feedback



Virginia Relay wants to know how your organization plans to get involved as a Relay Partner. Once you've read and carefully reviewed the Relay training materials, please take a few minutes to print this from your computer and mail the completed form to the address below.

Name: _____

Title: _____

Organization: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Web address: _____

- Yes, I would like my Web site to be linked with Virginia Relay's Web site.
- Yes, I would like to be listed in Virginia Relay's newsletter, The Commonwealth Caller.
- Yes, I plan to use the Relay Partner logo in my organization's print advertising.
- Yes, I plan to display the Relay Partner logo on my organization's door fronts and/or windows.
- I have more questions and would like a Virginia Relay representative to call me.
- I would like to set up free training for my organization.
- Please send me more information and materials for use in my organization.
(Please fill in the quantity.)

_____ Brochures

Please complete this form and mail it to:

Virginia Relay Partner
1602 Rolling Hills Drive
Suite 203
Richmond, Virginia 23229-5012

Thank you.