

Interp-Via-Video Registration Form

On-Demand Sign Language Interpreter and Spanish Interpreter
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Company Name	
Department	

Address					
City		State		Zipcode	

Contact Name		Title	
Telephone		Fax	
Email			

Billing Information

Contact Name		Title	
Telephone		Fax	
Email			

Address					
City		State		Zip code	

Only one Free Interp-Via-Videocart will be provided per service contract agreement.

➤ How many Interp-Via-Videocarts does your organization need?

Product	Quantity
Interp-Via-videocart	
Wireless Interp-Via-Videocart	



- Does your organization require a high speed internet connection to get started?
Yes No
- Do you want MEJ to provide the high speed internet connection typically T1 Lines or SDSL? Yes No
- Would you like consultation on the deployment of Interp-Via-Video in your organization? Yes No
- Do you currently have a high volume of LEP and Deaf or Hard of Hearing patients Yes No
- When is the best time to call? _____.

Please contact me with more information about Interp-Via-Video; my organization is interested in using (Interp -Via -Video) video remote interpreting .

Signature: _____

Fax the completed form to 646-827-3628