

**Happy**

**New Year**

**2020**

**Merry**

**Christmas**

**2019**



**Tennessee Organization of the Deaf-Blind, Inc.**

**ANNOUNCEMENT**

**WHAT: 2019 Christmas Party**

**WHEN: December 14, 2019**

**WHERE: Bridges Multi-Purpose Room**

**935 Edgehill Avenue**

**Nashville, TN 37203**

**TIME: 11:00am till 3:00pm**

**COST: $5 per person for All at the door.**

**LUNCH: Catered by Whitt’s Barbecue**

**Join us for a time of fellowship, fun, food, entertainment, games and door prizes.**

**Please RSVP on the Activity Form provided with this flyer. Please submit your RSVP no later than November 22, 2019. Space is limited. Late RSVPs will be accepted on space availability. Activity Form may be emailed at address**

**shown below or sent by US mail.**

**Bring your own SSP. Interpreters will be provided.**

**Have any Questions? Contact us at** **todb.org@gmail.com**

# RSVP ACTIVITY CONFIRMATION FORM – CHRISTMAS PARTY

Please PRINT all information. Thank you.

**\*YOU MAY INSTEAD SEND FILLED-IN DIGITAL COPY TO** **todb.org@gmail.com**

**EVENT: TODB CHRISTMAS PARTY**

**WHEN: SATURDAY, DECEMBER 14, 2019, 11:00AM - 3:00PM, CST.**

**WHERE: BRIDGES, MULTI-PURPOSE ROOM**

 **935 EDGEHILL AVENUE, TN 37203**

**NOTE: Please fill-out form to hold your Reservation**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VP / TTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEMBER: \_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_NOT SURE, PLEASE VERIFY**

**Addition Guests: Provide names please.**

**1****.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# SSP: Support Service Providers are suggested for your DB needs.

**COMPLETE THIS FORM AND MAIL (OR EMAIL) TO:**

**TODB EMAIL: todb.org@gmail.com**

**3800 Sam Boney Drive, Suite 101**

**NASHVILLE, TN 37211-3745**

**FORMS MUST BE RECEIVED BY FRIDAY, November 22, 2019**