

____ OTHER (Task/Location): _____

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Please fax this form no later than August 22nd to:

**DMD Coordinator Tina Cornish-Lauria
Executive Director, CAREERS for People with Disabilities, Inc.
45 Fair Street, Carmel, New York 10512
Phone: (845) 225-8007 x102
Fax: (845) 225-6820
E-mail: careersforpeople@aol.com**