

## INTERPRETER REQUEST FORM

After processing your request we will send you the contract with assigned project number, interpreter's name and rates. Rates may vary but will always require 2 hours minimum plus mileage at the federal level. Please fax this form to TranslationPerfect.com at **(816) 444-8550** or mail it to 7007 College Boulevard, Suite 460, Overland Park, Kansas 66211. For more information please contact Seng Khongmaly at (913) 491-1444 or visit our WEB site at [www.translationperfect.com](http://www.translationperfect.com).

### Contact information

Business name (if applicable, required)

Address (number, street, and apt. or suite no., required)

City, state, and ZIP code (required)

Phone number including area code (required)

Fax number including area code

First and last name of the contact person (required)

Occupation of the contact person

Contact e-mail (required)

Type of business: Personal use  Small business  Corporation  Government  Fortune 1000  Medical  Legal  Other

### Billing information

Business name (if different than above)

Address (number, street, and apt. or suite no., if different than above)

City, state, and ZIP code (if different than above)

Phone number including area code (if different than above)

Fax number including area code (if different than above)

First and last name of the contact person (if different than above)

Occupation of the contact person

E-mail (if different than above)

### Request details

Source language (required)

Target language (required)

Date DD/MM/YYYY (required)

Time (required)

Target audience: Medical  Legal  General  Technical  Other (please describe)

Description (please provide as many details about your request including the name of the person who needs an interpreter)

Address

City, state, and ZIP code

Interpreter's attire: Business  Business casual  Casual  Other (please describe)

### TranslationPerfect.com

Please, do not write below this line

Project number

Rate

Interpreter

Comments