

CONFERENCE REGISTRATION FORM - SIDE A
Statewide Self-Advocacy Conference - May 9, and 10, 2014

Deadline: April 25, 2014 *

* If a Regional Center is paying your registration, they may have an earlier deadline.
 Please call your Regional Center right away.

Everyone who attends the conference must pay the registration fee.
 This includes self-advocates, speakers, family members and support people.

1. NAME: _____

2. SELF-ADVOCACY GROUP (People First Chapter)?: _____

3. ADDRESS: _____

4. CITY: _____ STATE: _____ ZIP CODE: _____

5. DAYTIME PHONE:(_____) _____

6. Are you a: Self-Advocate Family Member Support Person

7. When will you be coming: Both Days 9-10 or Fri 9th or Sat 10th

8. Do you use a wheelchair for mobility: Yes No


9. Other accommodations you request from the Conference: (Must be Received by April 18, 2014)

Sign language interpreting services Accommodations for conference materials _____

Vegetarian meals Other specially prepared food _____

10. Conference Registration: (for Regional Center use only: Vendor # : P63905)

Send this form w/payment to: Supported Life Institute, 2025 Hurley Way, Suite 105, Sacramento, CA 95825

Conference Registration Fee (Does not include hotel sleeping room)	by 4/25/14	After 4/25/14
Two Day Conference - Arrive <u>Friday</u> at 9:00 a.m.	\$275.00	\$290.00
One Day Conference - Arrive Either Day at 9:00 a.m.	\$260.00	\$275.00
 <p align="center">Group Discount !!!</p> <p>Groups: <u>Register 6 people</u> & receive <u>1 support staff FREE</u> All Group Registrations Must Be Received Together</p>	Buy 6	Get 1 Free

MEDICAL/SUPPORT NEEDS FORM - SIDE B

The goal of the Conference Planning Committee is for everyone attending this year's conference to have a positive, educational and safe experience. The information provided below will be folded into each badge holder for ready access in the case of an emergency. The conference registration desk will also maintain a copy of this information for the duration of the event.

Individuals needing special assistance or supervision must be accompanied by a support person. All supervision, medical, and personal care needs are the responsibility of each conference participant.

1. Name of Registrant : _____

Self-Advocate Family Member Support Person

2. In case of serious emergency, please list a contact person who is not attending the event and is available by phone during the general times and dates of the conference.

Name: _____ Relationship: _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

3. Do you have any medical or personal needs which require the assistance of a support person?:

- Yes (If yes, please answer questions 4-6 below.)
 No (If no, the rest of this form is optional.)

4. Name of your support person at the conference: _____

Support person's cell phone number: (_____) _____

5. Medications? Include type, dosage, amount, purpose, (attach a separate list if necessary):

6. Do you have seizures?: No Yes (please describe the type of seizures, frequency, any intervention which should be done immediately after a seizure, and whether you have ever required hospitalization for a seizure):

HOTEL RESERVATION FORM
Statewide Self-Advocacy Conference - May 9, and 10, 2014

Credit Card? (You don't need to fill out this form)

Call the hotel directly - 916-640-0818 ask for Malou, or Jessica 916-640-0819 mention the "Self Advocacy Confc"

Check or Money Order?

Complete this form. Make check or money order payable to "Lions Gate Hotel."

Send this form with the total payment for all the people in the room to:

Lions Gate Hotel, 3410 Westover Street, Sacramento (McClellan), CA 95652. Attn: Malou

(For Regional Center Use Only - Vendor: Lions Gate Hotel ZA4298 Service Code 005)

1. NAME: _____

2. ADDRESS: _____

3. CITY: _____ STATE: _____ ZIP CODE: _____

4. DAYTIME PHONE:(_____) _____

5. Arriving: Thursday, May 8 or Friday, May 9

6. Do you request your room be "handicapped accessible:?" Yes No

There are only a limited number of handicapped accessible rooms available.
 The hotel will meet this request on a "first come, first served" basis.

7. There will be (circle one): 1 2 3 4 people : Thu & Fri or Thu only or Fri only

HOTEL RESERVATION FEES – Must be received at the Lions Gate by April 25, 2014

Price includes: hotel room & tax.

	1 Person/Room (1 bed/room)	2 People/Room (2 beds/room)	3 People/Room (2 beds/room)	4 People/Room (2 beds/room)	Total Cost/Room
Friday Night Only	\$116.26/person	\$58.13/person	\$42.52/person	\$34.72/person	1-2 people/room \$116.26 3-4 people/room \$ * * + \$10+tx per nite for 3 in room Or + \$20+tx per nite for 4 in room
Thursday & Friday	\$232.52/person	\$116.26/person	\$85.04/person	\$69.43/person	1-2 people/room \$232.52 3-4 people/room \$ * * + \$10+tx per nite for 3 in room Or + \$20+tx per nite for 4 in room

8. I am enclosing fees for the following reservation:

My Name: _____

Roommate # 1: _____

Roommate # 2: _____

Total Fees Enclosed:

\$