



CONFERENCE REGISTRATION FORM - SIDE A (Side B Med/Supp Over )
Statewide Self-Advocacy Conference - May 4, and 5, 2018 (www.supportedlife.org)
Early-Bird Rate Deadline: April 20, 2018 *

* 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 (Optional): _____
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 1- 2 or Fri 4th or Sat 5th
8. Do you use a wheelchair for mobility: Yes No
9. Other accommodations you request from Conference: (Must be Received by April 13, 2018)
 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, 1010 Hurley Way, Suite 180, Sacramento, CA 95825

Conference Registration Fee (Does not include hotel sleeping room)	by 4/20/18	After 4/20/18
Two Day Conference - Arrive <u>Friday</u> at 9:00 a.m. (new rates set by DDS per ABX2-1)	\$299.67	\$316.01
One Day Conference - Arrive Either Day at 9:00 a.m. (new rates set by DDS per ABX2-1)	\$283.32	\$299.67
 Group Discount ! ! ! ! Groups: Register 5 people & receive 1 support staff FREE All Group Registrations Must Be Received Together	Buy 5 - 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 kept for ready access by conference staff to be used in case of an emergency during 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 your 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 4th and 5th, 2018

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

Call the hotel directly - 916-338-5800 ask for Reservations, mention the "Statewide Self Advocacy Conference"

Check or Money Order?

Complete this form. Make check or money order payable to "Crowne Plaza Hotel."

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

Crowne Plaza Hotel, 5321 Date Ave., Sacramento, CA 95841. Attn: Reservations

(For Regional Center Use Only - Vendor: Crowne Plaza Hotel (ZA4775) Contact SLI for more information (916) 567-1974)

1. NAME: _____

2. ADDRESS: _____

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

4. DAYTIME PHONE: (_____) _____

5. Arriving: Thursday, May 4 or Friday, May 5

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 Crowne Plaza by 4/23/18

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	\$142.81/person	\$71.41/person	\$47.61/person	\$35.71/person	1-4 people/room \$142.81
Thursday & Friday	\$285.62/person	\$142.81/person	\$95.21/person	\$71.41/person	1-4 people/room \$285.62

8. I am enclosing fees for the following reservation:

My Name: _____

Roommate # 1: _____

Roommate # 2: _____

Roommate # 3: _____

Total Fees Enclosed:

\$