

SECTION 1: YOUR INFORMATION

If you want help filling this form out, please call Area Board 9 at 805-648-0220.

First Name

Last Name

Home Address

City

State

Zip

Email Address

Home Phone Number

Cell Phone Number

Your title? Mr. Mrs. Ms.

What is your date of birth? ____/____/____ Are you over 21 years old? No Yes
Month Day Year

Are you a member of a People First chapter or self advocacy group? No Yes*

**If yes, please write the name of the chapter or group you are a member of below:*

Please write the name and cell phone of someone we can call in the case of an emergency:

Emergency Contact Name

Emergency Contact's Cell Phone Number

SUPERVISION AND PERSONAL CARE WILL NOT BE PROVIDED AT THE CONFERENCE.

IF YOU NEED SUPERVISION AND PERSONAL CARE WHILE AT THE CONFERENCE, YOU MUST BRING YOUR OWN STAFF AND PAY \$15 MORE. YOUR TOTAL REGISTRATION COST WILL BE \$45 (\$30 FOR YOU AND \$15 FOR YOUR STAFF).

Are you bringing a staff person to help you at the conference? No Yes*

**If yes, please write their name and phone number below:*

Staff Person's Name

Staff Person's Cell Phone Number

LIMITED SPACE- **REGISTER TODAY**- REGISTRATION AND PAYMENT DUE BY **09/13/2013**

SECTION 2: MEDICAL AND HEALTH INFORMATION

PLEASE READ– We need the following information for your personal safety. The information provided will be folded into the name badge holder of each conference participant for ready access in case of an emergency. **Area Board 9, its staff and volunteers, are not responsible or liable for your supervision, medical or personal care needs.**

Do you have seizures? No Yes*

**If 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- attach a separate piece of paper if necessary:*

Please list any other medical issues you have:

Will you need help to take medications while you are at the conference? No Yes*

**If yes, please list the medication you will take (include dosage amount and purpose– attach a separate piece of paper if necessary):*

Will you need your medication refrigerated while you are at the conference? No Yes

At the conference, will you need:

- Special Diet (attach a separate piece of paper with your specific needs)
- Sign Language Interpreter
- Materials in Large Print
- Other: _____

SECTION 3: WORKSHOPS

There will be 2 workshop sessions: 1:45-2:45 pm and 3:00-4:00 pm. Because the workshop rooms are very small, space is limited in each workshop. Please choose 4 workshops you are interested in. We will place you into 2 workshops based on what is available at the time we receive your registration materials and which workshops you circled.

Look at pages 3 and 4 in the conference booklet. Pick 4 workshops and order them by 1st choice, 2nd choice, 3rd choice and 4th choice. Then circle your picks below.

Example-

1st Choice Workshop: Circle the letter of the workshop

A	B	C	D	E	F	G	H	I	J	K
L	M	N	O	P	Q	R	S	T	U	V

1st Choice Workshop: Circle the letter of the workshop

A	B	C	D	E	F	G	H	I	J	K
L	M	N	O	P	Q	R	S	T	U	V

2nd Choice Workshop: Circle the letter of the workshop

A	B	C	D	E	F	G	H	I	J	K
L	M	N	O	P	Q	R	S	T	U	V

3rd Choice Workshop: Circle the letter of the workshop

A	B	C	D	E	F	G	H	I	J	K
L	M	N	O	P	Q	R	S	T	U	V

4th Choice Workshop: Circle the letter of the workshop

A	B	C	D	E	F	G	H	I	J	K
L	M	N	O	P	Q	R	S	T	U	V

SECTION 4: DINNER

Please choose your dinner entree (pick one):

- Pork Tenderloin
- Chicken Parmesan
- Vegetable Pasta (Vegetarian)



SECTION 5: REGISTRATION PAYMENT & SIGNATURE

- Registration includes:
- Conference program, T-Shirt, and bag.
 - Food (continental breakfast, snacks, dinner and dessert) and drinks.

Registration does not include: Lunch or Transportation to or from the conference.

Free Conference T-Shirt: Circle Your Size XS S M L XL 2X 3X

Conference Registration Costs:		Your Registration Costs:
Self Advocate	\$30.00	
Personal Assistant/Support	\$15.00	
	Total:	

Make your check or money order out to:

People First SLO/Conference



WE CANNOT ACCEPT CASH – DO NOT SEND CASH

Mail this form and your check or money order to:

Area Board 9
200 East Santa Clara Street
Suite 210
Ventura, CA 93001

NO LATE REGISTRATION • NO REGISTRATION AT THE DOOR

Area Board 9/State Council on Developmental Disabilities staff and volunteers may be photographing, videotaping, or audio-taping workshop sessions and events at the Self Advocacy Conference. By attending the 2013 Self Advocacy Conference and signing below, conference participants agree to these activities and agree to allow their image to be used by Area Board 9/State Council on Developmental Disabilities in written or electronic materials.

YOUR SIGNATURE: _____

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