

CONFERENCE REGISTRATION FORM - SIDE A (Side B Med/Supp Over →)
Statewide Self-Advocacy Conference - May 1, and 2, 2015 (Sacramento)
Deadline: April 17, 2015 *

* 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 1- 2 or Fri 1st or Sat 2nd

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


9. Other accommodations you request from the Conference: (Must be Received by April 10, 2015)

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 4/17/15	After 4/17/15
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
 Group Discount !!! Groups: <u>Register 5 people & receive 1 support staff FREE</u> 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 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

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 (Pending) Contact the us for more information (916) 567-1974)

1. NAME: _____

2. ADDRESS: _____

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

4. DAYTIME PHONE:(_____) _____

5. Arriving: Thursday, April 30 or Friday, May 1

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 4/17/15

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	\$128.09/person	\$64.05/person	\$42.70/person	\$32.03/person	1-4 people/room \$128.09
Thursday & Friday	\$256.18/person	\$128.09/person	\$85.40/person	\$64.05/person	1-4 people/room \$256.18

8. I am enclosing fees for the following reservation:

My Name: _____

Roommate # 1: _____

Roommate # 2: _____

Roommate # 3: _____

Total Fees Enclosed:

\$



HOTEL ACCOMMODATIONS

Crowne Plaza Hotel
5321 Date Ave.
Sacramento, CA 95841



A special rate of \$112.00 per night is available for those attending **Statewide Self Advocacy Conference**. All rooms are subject to city tax and tourism assessment so please see our hotel reservation form for the exact totals that include all taxes and assessment fees.

- To make reservations, **contact the Crowne Plaza Hotel** directly **916-338-5800** ask for **Reservations** and make specific reference to the **Self Advocacy Conference**. To ensure receipt of this special rate, make reservations before **April 17, 2015**.
- There is ample free parking at the hotel.
- **Super Shuttle** provides Airport shuttle service to the hotel. Call them for fee information (800) 258-3826



Every Guest of the Crowne Plaza Hotel
Enjoys a Complimentary Hot Breakfast Buffet
Each Morning of Their Stay!

(Conference provides Friday & Saturday Lunch and Friday Dinner)

Mail your *Conference Registration Form*
& *Medical/Support Needs Form* +
check/money order by **April 17th** to:

"Supported Life Institute"
2025 Hurley Way, Suite 105
Sacramento, CA 95825



Group Discount !!!

**Groups: Register 5 people
& receive 1 support staff FREE**

All Group Registrations Must Be Received Together

Conference registration Cancellations/Substitutions:

Written cancellations may be made until
April 17, 2015 and will be refunded minus a
25% administrative fee.

Requests for refunds (incl. for "no-shows")
will not be accepted after April 17th.

With advance notice,
substitutions are welcome.

The Supported Life Institute will send a written **confirmation** of
your conference registration.

Questions?
Call the Supported Life Institute at
916-567-1974.

NOTE: There will be a videographer/photographer at the conference taking
videos of conference activities and in the Open Mic Studio. Segments of these
tapes will be shown during the conference and may be used to create a DVD of
conference highlights. If you do not want your picture to be used, please let us
know at the conference registration desk.

TRANSPORTATION TO THE CROWNE PLAZA HOTEL IN SACRAMENTO

- ◆ From Airport to Hotel and back, contact **Super Shuttle** for Schedules and Fares: 800-258-3826.
(Super Shuttle may need advance notice to have enough wheelchair-equipped vans available.)
- ◆ Contact **ParaTransit** 916-429-2009 about travel from **Greyhound or Amtrak** stations to Hotel & back:
(best to call weeks ahead to register and set up a "client record," if you are from out of town)

