

## 21st Annual Statewide Self-Advocacy Conference Speaker Application Form (Due 12/18/15)

2016 Conference: May 6 - 7, 2016 at Sacramento Crowne Plaza Hotel

TITLE for your breakout session:						
•	tee would like this year's conference sessions to lowing categories. Please circle the CATEGORY					
b. Serving on Boards / Facilitation e. Pe	ansition/Youth Advocacy g. Relationships &Sexuality ople First/Self-Advocacy h. Health and Wellness gion/Statewide Networking i. Microenterprises/Jobs					
3. Tell us what your session is ABOU	T and HOW it will be presented:					
4. Information about the main PRESE  Name of the group or individual pres  Address	enting					
Daytime Phone # ()						
Which Area Board region (number) c						
5. Information about a CONTACT PE	RSON (if any) assisting you with this application:					
Name						
	Phone # ()					
Address						
	State Zip					
Email?@						

It yes,	please te	il us wh	ien, whei	re and	l what you ta	ked abou	JT:	
Is you	•		•		Self-Advoca	•	•	
		SALES	TABLE at	t the	Conference F	aire? ]	If so, please	descr
INFORM	ATION / S							1.
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what in	formation	•			ns you sell, <u>so</u> ets and other (		•	<u>plica</u>
what in	formation	•			•		•	<u>plica</u>

8. Final instructions and notes:

Please mail this application form to: Supported Life Institute 1010 Hurley Way, Suite 180 Sacramento, CA 95825

or fax your application to: 916-567-1977 (fax)





- Applications sent by that date will be considered by Conference Planning Committee.
- With limited meeting room space, not all applicants will be selected as speakers.
- You will be **notified by end of February 2016** whether your application is chosen.

  All conference speakers & helpers do pay regular conference reg. fees.

If you have questions about this application form or about the conference, please contact the Supported Life Institute at 916-567-1974 ×201 or info@supportedlife.org

\* \* Thank you for applying to be a  $21^{st}$  annual conference speaker! \* \* "Get Connected"