**Supported Life Institute**

 **24thAnnual Statewide Self-Advocacy Conference**

 **Speaker Application Form (Due 12/20/18)**

**2019 Conference: May 3 - 4, 2019**

**at Sacramento Crowne Plaza Hotel**

**1. TITLE for your breakout session:**

**2. The Conference Planning Committee would like this year's conference sessions to fit into one or more of the following categories. Please circle the CATEGORY best describing your session:**

 a. Action/State Budget/Legislators b. Serving on Boards / Facilitation

c. Independence/Living Options

d. Transition/Youth Advocacy

 e. People First/Self-Advocacy

 f. Region/Statewide Networking

 g. Relationships &Sexuality

 h. Health and Wellness

 i. Microenterprises/Jobs

**3. Tell us what your session is ABOUT and HOW it will be presented:**

**4. Information about the main PRESENTER / SPEAKER:**

Name of the group or individual presenting

Address

City State and Zip

Daytime Phone #

Evening #

Email?

**5. Information about a CONTACT PERSON (if any) assisting you with this application:**

Name

Agency

Phone #

Address

City State and Zip

Email?