CONFERENCE REGISTRATION FORM - SIDE A (Side B Emergency Contact Over)

Statewide Self-Advocacy Conference - May 12 and 13, 2023 (www.supportedlife.org)

Early-Bird Discount Ends: April 28, 2023 *

* 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. <i>C</i> ITY:	STATE:	ZIP CODE:_	
5. DAYTIME PHONE:()			
6. Are you a: □ Self-Advocate	□ Family Member	□ Suppo	ert Person
7. When will you be coming: □ Both	Days or 🗆 Fri	12th or I	⊐ Sat 13th
8. Do you use a wheelchair for mobil	lity: 🗆 Yes 🗆 No)	
9. Other accommodations you request f □ Sign language interpreting services □ Acc □ Vegetarian meals □ Other specially prepared	commodations for confe	rence materia	ls
10. Conference Registration: (for Regio	onal Center use only: Vendo r	# : P63905)	
Send this form w/payment to: Supported Life	Institute, c/o 1209 Carici	a Drive, Davis,	CA 95618
Conference Registration Fee (Does not inclu	de hotel sleeping room)	by 4/28/23	After 4/28/23
Two Day Conference - Arrive <u>Friday</u> at (rates set by DDS)	\$299.67	\$316.01	
One Day Conference - Arrive Either Do (rates set by DDS)	ay at 9:00 a.m.	\$283.32	\$299.67
Group Discount!!! Groups: Register 5 per & receive 1 support staff All Group Registrations Must Be Re	ople FREE	Buy 5 - 6	Get 1 Free

EMERGENCY CONTACT FORM - SIDE B

The goal of the Conference Planning Committee is for everyone attending this year's conference have a positive, educational and safe experience. The information provided below will be kept f 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, & personal care needs are the responsibility of each conference participant.	-
1. Name of Registrant : □ Family Member □ Support Person	_ 1
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: ()	

HOTEL RESERVATION FORM

Statewide Self-Advocacy Conference - Fri. May 12th and Sat. May 13th, 2023

Call the hote Meeting "		ed to fill out this for 8-5800 ask for Re		n the "Supported L	ife Institute 2023		
Include cont	firmation code fr		i on . Send this for	m w/the total pay	nto." vment for all the people in 841. <u>Attn: Amanda Ortiz</u>		
	For Regiona	Center Use Only - \	Vendor: Wyndham So	acramento Hotel (Z	(A6390)		
1. NAM	ΛE:						
2. ADD	RESS:				 		
3. CITY: STATE: ZIP CODE:							
4. DAYTIME PHONE:()							
5. Arriving: Thursday, May 11 or Friday, May 12							
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 Wyndham by 4/21/2023 Price includes: hotel room & taxes and complimentary Hot Breakfast for Fri. & Sat. if you stay Thur. and Fri.							
	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	\$160.20person	\$80.10/person	\$53.40/person	\$40.05/person	1-4 per rm. \$160.20		
Thursday & Friday	\$320.40/person	\$160.20/person	\$106.80/person	\$80.10/person	1-2 per rm. \$320.40		
	_	s for the follow	_				
ROOT							
			Total Fees	Enclosed: \$			