

2010 DD Conference Registration Application

Please complete one form for each registrant – Providers, see note below

Name (First, Last)

Organization

Mailing Address

City

State

Zip

Phone Number

Fax Number

Email Address

Personal Attendant's Name (If Applicable)

SPECIAL NOTE: Providers registering five or more individuals must submit a list to include the person's name, address, city, roommate and date(s) attending.

What You Need to Know

Please read all the information on this page before completing your registration application and/or request for financial aid. Upon completion, mail to DD Conference Registration, 5800 West 10th Street, Suite 805, Little Rock, AR 72204. Questions about the conference and completing the applicable registration information should be directed to the Arkansas Governor's Developmental Disabilities office at (501) 661-2589 or Voice/TDD 1-800 462-0599, Ext. 661-2589.

Fees and Deadlines

All registration fees must be paid according to the registration category. Deadline for early registration is August 1st. After that date all registration will be "on-site" only. Please note: Registration fees do not include dinner on Thursday or lunch on Friday. Individuals requesting financial assistance must complete and re-

turn the Financial Aid Request portion of the registration form (right) on or before August 1, 2010.

Room Rates, Availability

The Annual State Conference will be conducted at the Arlington Hotel in Hot Springs. The discounted rate for conference participants is \$88.00 per night, plus tax. To make room reservations, call the hotel reservation desk at 1-501-623-7771 no later than August 1, 2010. **To get the discounted rate be certain to mention that you will attend the DD Network's Annual State Conference in all correspondence with the hotel.**

Registration Payment

Send a check or money order only! Make check or money order payable to the **Disability Rights Center** and include the Federal Tax ID number 710536689. **Do not send cash!** Mail or deliver the registration fees to the DD Council, Conference Registration, 5800 West 10th Street, Suite 805, Little Rock, AR 72204.

Check Identification Category

- Arkansas Resident - Early Registration Fee \$85
- Non-Resident - Early Registration Fee \$95
- Arkansas Resident - On-site Registration Fee \$90
- Non-Resident - On-site Registration Fee \$100

Conference Accommodation Policy – Persons wishing to participate in such activities are responsible for notifying the DD Conference staff of their need for special accommodations. The conference will not use meeting materials that exclude participating in this annual event.

Alternative Formats

Please list below any alternative format(s) (e.g. large print, Braille, a sign language interpreter, etc., and/or accommodations you will require (e.g. an accessible room with such features as a roll-in shower, a toilet with bars, or a sink that's counter-raised and open underneath

2010 DD Conference Financial Aid Request

Please complete one form for each registrant – Providers, see note below

Name(s) _____

Mailing Address _____

City _____

State _____ Zip Code _____

Daytime Phone () _____

Message Phone () _____

Contact Person _____

1. Prior approval is required for all participants requesting financial assistance, this form must be completed and returned by August 1, 2010 to be considered. **There will be no exceptions.**

2. Only individuals with developmental disabilities and parents who demonstrate financial need will be considered for assistance.

3. Financial assistance will be limited to the waiver of the registration fee and aid with lodging costs. **Single and double bedrooms are available. Be sure to indicate your room-type preference when making reservations.**

Single – One Bed Double – Two Beds

I will share a room with: _____

Reason for Request

Please check one or both if both apply

Self Advocate and/or Family Member

If requesting financial assistance for more than one person, copy and complete this portion of the form for each person and enclose with this registration form.

Please explain in some detail _____

SPECIAL NOTE: Providers registering five or more individuals must submit a list to include the person's name, address, city, roommate and date(s) attending.

Guidelines for Limited Financial Assistance

The DD Council recognizes the importance of consumer/parent involvement and has established a fund to assist those who need financial assistance to attend the conference. **Room reservations for all persons approved for financial assistance will be made by the DD Council staff.** Financial aid is very limited and will be disbursed on a first come, first served basis.

Check Registration Category

Individual with DD _____

Self-Advocate (Specify) _____

Family Member (Specify) _____

Professional (Specify) _____

Other (Specify) _____

Special Dietary Requests

List any special dietary requirements or requests (e.g. Vegetarian, Diabetic, Food Allergy, etc.)

