

# Conference Schedule

## Thursday, September 16

9:00 a.m.

9:00 a.m.

10:00 – 11:30 a.m.

**Registration Opens**

**Exhibits Open**

**Opening Session** – *Diversity: the Truth of the Matter* – Randy Snow

11:30 a.m.

1:00 – 2:30 p.m.

**Lunch**

**Concurrent Workshops**

*What's Your Excuse?* – Randy Snow

*What is Family?* – James May

*Avoiding Violence and Abuse in the Community* – Mary Oschwald

*Understanding & Managing Grief* – Bernard Quell

*Behavior as Communication* – Timothy Hartshorne

*The PASS Project* – Larry Ward

2:30 – 2:45 p.m.

2:45 – 3:30 p.m.

3:45 – 5:00 p.m.

**Break**

**General Session** – *The Keys to a Brighter Future* – Doreen Rosimos

**Concurrent Workshops**

*Real Jobs for Real Pay* – Doreen Rosimos

*Keeping Children with Disabilities Safe* – Roberta Sick

*Better Health Through Fitness & Nutrition* – Cheryl Vines

*Building Community* – Kathryn Mazack and Peter Leidy

*Positive Behavioral Supports & Social Relationships* – Timothy Hartshorne

*Dad's Only* – James May

*Your Legal Rights* – Disability Rights Center Staff

8:00-11:00 p.m.

**Annual Dance** – Punch Anderson and Friends

## Friday, September 17

7:30 – 8:15 a.m.

8:30 a.m.

8:30 a.m.

8:30 – 10:00 a.m.

**Breakfast**

**Registration**

**Exhibits Open**

**Concurrent Workshops**

*Project Empowerment* – Sharon Mohammad

*Guardianship* – Dohn Hoyle

*Spirituality & Health* – Andrea Hart

*ADA and Common Sense* – J. Aaron McCullough

*Accessing Health Care* – Cheryl White-Scott

*DHS Programs, Aging & Adult Services* – Jean Hecker

10:00 – 10:30 a.m.

10:30 a.m.–12:30 p.m.

**Break**

**Closing Session** – *Everyone Can Dance* – Alana Yvonne Wallace



Unlocking the door to independence  
for people with disabilities

## **2004 Annual Conference**

**Sept. 16-17, Hot Springs, AR**

# **Need-to-Know Information**

**IMPORTANT NOTICE – NO CONFERENCE REGISTRATIONS  
WILL BE ACCEPTED AFTER AUGUST 23!**

Please read all the information on this page before filling out your registration application and/or request for financial aid. Any questions about the conference or registration should be directed to the DD Council's office at (501) 661-2589 or Voice/TDD 1-800 482-5400, Ext. 2589

### **Fees and Deadlines**

All registration fees must be paid according to the registration category. **Please note that registration fees do not include dinner on Thursday night or lunch on Friday.** Individuals requesting financial assistance must complete and return the Financial Aid Request portion of the registration form by August 23.

### **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! Return registration fees to the DD Council, Conference Registration, 5800 West 10th Street, Suite 805, Little Rock, AR 72204.

### **Room Rates, Availability**

The Annual State Conference will be conducted at the Arlington Hotel in Hot Springs. The discounted rate for conference participants is \$87.40 per night, including tax. To make room reservations, call the hotel reservation desk at (501) 623-7771 no later than **August 23.** **To get the discounted rate be certain to mention that you are attending the DD Council's Annual State Conference in all correspondence with the hotel.**

# Conference Registration Form

Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Registration/Indentification Categories

- Arkansas Resident - Registration Fee \$75       Non-Resident - Registration Fee \$85
- Individual with DD \_\_\_\_\_
- SelfAdvocate (Specify) \_\_\_\_\_
- Family Member (Specify) \_\_\_\_\_
- Professional (Specify) \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

## Special Accomodation Request

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

I require the following accommodations in order to participate in the DD Council's statewide conference (check all that pertain).

An accessible room with  sink, counter raised, open underneath  a roll-in shower  a toilet with bars.  Other (Specify) \_\_\_\_\_

If necessary, I can use a "regular" room

Special conference materials  Braille  Large print  Spanish  Other (please specify) \_\_\_\_\_

Sign language interpretor  Other (please specify) \_\_\_\_\_

Other Special Accommodations Needed (Specify) \_\_\_\_\_

Single (1 bed) and Double (2 beds) rooms are available. Be sure to indicate your room-type preference when making your reservation.

Room requested  Single  Double

Sharing room with: \_\_\_\_\_

**DD Council Conference Accommodation Policy** – Persons wishing to participate in Council-sponsored activities are responsible for notifying the DD Council staff of their need for reasonable special accommodations. The Council will not use any meeting materials that exclude the active participation of anyone attending the annual conference.

## Request for Financial Aid

Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Message Phone (\_\_\_\_) \_\_\_\_\_

Contact Person \_\_\_\_\_

### 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.

## Reason for Request

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Guidelines for 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. However, funds are limited and will be disbursed according to need.

1. Prior approval is required for all participants requesting financial assistance. This form must be completed and returned by **August 23** 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. Room reservations for persons approved for financial assistance must be made by the DD Council staff.**

4. Reimbursement of expenses will be limited and restricted.

**Important Notice – No conference registration materials, including requests for financial assistance, will be accepted after August 23!**



# Keys to Community

## 2004 Annual Conference

September 16-17, Hot Springs, AR

Exhibit setup begins at 8:30 a.m. on Thursday, Sept. 16. Exhibitors must register prior to setup. The Conference concludes at 12:30 p.m. on Friday, Sept. 17. Exhibitors are provided one (1) six-foot skirted table, two (2) chairs and an 8X10-foot work area.

**Exhibitors are responsible for providing exhibit signs.**

### Exhibit Fees

\$150 for each commercial booth and

\$75 for each nonprofit organization booth

Full payment is required no later than July 31, 2004.

Companies and/or organizations are encouraged to request booths as early as possible by completing the request form below and returning it to the DD Council. The Council makes no guarantees concerning the availability of space and/or electrical needs for all booths requested.

**Exhibitors will be responsible for the security of their own exhibits.**

Arkansas  
Governor's



## Exhibit Space Request Form

Complete this form and mail it and the payment(s) together to: "Keys to Community" Exhibit Request, Arkansas Governor's DD Council, 5800 W. 10th, Suite 805, Little Rock, AR 72204. For more information, call (501) 661-2589, or FAX (501) 661-2399.

Company or Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ EMail \_\_\_\_\_

### Type of Products and/or Services

Number of Booths Requested: \_\_\_\_\_ Electricity Needed?  Yes  No

Type of Booth (s) Requested:  Commercial @ \$ 150  Non-Profit @ \$75

**Important - Please be sure to make all checks payable to the Disability Rights Center**