

Registration Form

2010 Conference for People with Disabilities | December 6 and 7, Hyatt Regency, Downtown Indianapolis

Fill out both sides of this form completely, as appropriate, so we can better assist you. One person per registration form. Please photocopy this form, if necessary. You will receive registration confirmation. Questions, please contact Sandy Kite Hunt at (317) 786-7272, toll free (866) 786-7272 or via e-mail at skhunt@gpcpd.org.

All cancellation requests must be made in writing. Cancellations are subject to a \$30 administrative fee. We regret that refunds cannot be offered for “no shows” or cancellations received after Nov. 22. Substitutes are welcome.

Due on or before Nov. 24, 2010 (Scholarship applications due Nov. 10.)

Name (please print clearly for name tag) _____

Organization _____ Position _____

Address _____ Home Work

City _____ State _____ ZIP _____

Telephone (day) _____ Telephone (evening or cell) _____

E-mail

Would you like to receive Council e-mail news? Yes No

Information (Please check all that apply.)

- I am applying for a scholarship.**
Indiana SSI, SSDI or TANF recipients only.
Please fill out both sides of this form.
- I require a personal care assistant.**
Please complete the personal care assistance section on page 2.
- I have an access request.**
Please complete the access requests section on page 2.
- I am a Partners in Policymaking graduate from** _____ **.(year)**

Fees* (Please check all that apply.)

- Persons with disabilities and parents**
 - Both days — \$65 in advance, \$75 at the door
 - Monday lunch (Awards program)
 - Monday reception
 - Tuesday lunch
 - One-day rate — \$50 in advance, \$65 at the door
 - Monday only
 - Tuesday only
- Scholarship applicant — \$10**
Includes meals and the reception.
- General participant**
 - Both days — \$135 in advance, \$150 at the door
 - Monday lunch (Awards program)
 - Monday reception
 - Tuesday lunch
 - One-day rate — \$80 in advance, \$95 at the door
 - Monday only
 - Tuesday only
- A personal care assistant will accompany me — \$15**
- Monday lunch (Awards program) only — \$55**

TOTAL ENCLOSED \$ _____

Make checks payable to:

Sandy Kite Hunt, Conference 2010

Mail this registration form with payment to:

Indiana Conference for People with Disabilities
150 W. Market St., Suite 628
Indianapolis, IN 46204

*Note that all fees are subsidized by the Governor’s Council for People with Disabilities to ensure that all who want to attend have the means to do so.

Scholarship Application

Due on or before Nov. 10, 2010. Scholarships are available on a first-come, first-served basis to Indiana SSI, SSDI or TANF recipients only. You will be notified about the scholarship within 10 business days of returning this form.

To register online and pay by credit card, visit www.regonline.com/gpcpd.

Applicant (Please check all that apply.)

- I am requesting a scholarship for \$55 off the registration fee, which includes meals and the reception. (Applicant must pay \$10 for registration upon submitting request. Checks will be returned if scholarship is not approved.) Please complete the access requests section, if appropriate.
- I (my child or other member of my household) receive SSI, SSDI or TANF.

Hotel Overnight for Scholarship Recipients — Monday, Dec. 6

NOTE: Only for scholarship recipients 50 miles or more outside of Indianapolis. Hotel reservations will be billed directly to the Council. **Most accessible rooms will be provided by the Westin across the street from the Hyatt Regency.**

Scholarship recipients must share rooms (except in highly special circumstances).

- I require a wheelchair accessible room. Manual Power (*check one*)
- I require a room equipped for a person with a hearing impairment.
- I require a room near the elevator.
- Other access needs _____

Applicant's Signature: _____

Date: _____

Personal Care Assistance Application

NOTE: Limited services provided. Participants requiring substantial assistance are asked to secure their own personal care attendants.

- Yes, a personal care assistant will accompany me to the Conference. **The registration fee for one personal care assistant is \$15.** (Registration for an additional personal care assistant is \$65.)
- I am requesting personal assistance provided by the Council. Please describe assistance needed:

Name of assistant _____

Cell number _____

Access Requests Application

- I am diabetic.
- I need an ASL sign language interpreter.
- I have a service animal.
- I need parking for a high-top van.
- I need CART (Communication Access Real-Time Translation).
- I need an assistive listening device.
- I need wheelchair access.
 - Manual Power (*check one*)
- I require printed Conference materials in the following alternate format:

- I have dietary restrictions/other requests (please explain).

