

CONSUMER INVOLVEMENT FUND APPLICATION

The Alabama Council on Development Disabilities (ACDD) is pleased to sponsor some self-advocates and/or family members to attend the 2019 Alabama disABILITY Conference on **September 9-11, 2019** at the The Wynfrey Hotel in Birmingham, AL. The information and knowledge gained will be beneficial to you, your family members, and/or your friends as you continue to advocate for people with disabilities. **Funds are limited and applications will be processed until funds are depleted. Applications will be processed on a first come, first serve basis.**

Please fax your registration application to: Sophia Wright-Whitted, ACDD, 100 N. Union Street, Ste. 498, Montgomery, AL 36130, (334) 242-3972/Office, (334) 242-0797/Fax. (no cover sheet needed).

2019 ALABAMA disABILITY CONFERENCE REGISTRATION FORM (PLEASE PRINT OR TYPE)

Please select category: SELF-AVOCATE FAMILY/MEMBER

FIRST NAME _____ LAST NAME _____

Address _____ City _____ State: **AL** Zip _____

EMAIL: _____

CONTACT PERSON _____ CONTACT # _____

Please select **one** (1) category where you would like to receive funding to attend the above-listed conference:

- Self Advocate/Family Conference Registration - \$195.00 -OR- One-Night Hotel Stay – up to \$165.00**

ACDD APPROVAL SECTION

(This section will be completed by ACDD Office.)

TO: _____

- SELF ADVOCATE/FAMILY CONFERENCE - \$195.00**
- ONE-NIGHT @ HOTEL- up to \$165.00**

APPROVAL FOR:

NAME _____

ACDD REGISTRATION # _____

APPROVED BY: _____ DATE _____

A. LOCAL MATCH SECTION**

*(This form will be returned to applicant (after the conference) for submission of local match documentation. **)*

NAME _____

The total of local match \$ _____

A copy of receipts/supporting documentation of expenses in support of the conference should be attached.

**After conference, you will receive this form and an evaluation regarding the conference, you need to return the supporting documentation/receipts and evaluation for match. In order to remain eligible for the Council's funding, you must complete and return the forms and receipts. Please contact Sophia Whitted for any questions, 334-242-3972. Thank you.*

B. HOTEL REIMBURSEMENT

Applicants will complete this section for hotel reimbursement.

NAME _____

A copy of the hotel receipt should be attached.

The total of hotel reimbursement \$ _____

**The Council reserves the right to revise selection and/or decline application.*