

# September 8-10, 2024



Held at the:  
 Marriott Capitol Hill  
 2500 Legends Circle  
 Prattville, AL 36066  
 Phone: 800-228-9290

## FULL CONFERENCE REGISTRATON

Early  
before 6/30/24

Regular &  
Onsite

**Includes:** Conference bag and access to all official sessions, Sunday kickoff reception, and Monday lunch & Tuesday breakfast

\$275.00

\$350.00

**TOTAL**

## SELF-ADVOCATE OR FAMILY MEMBER FULL REGISTRATION

Regular and Onsite

**Includes:** Conference bag and access to all official sessions, Sunday kickoff reception, and Monday lunch & Tuesday breakfast

\$225.00

**TOTAL**

## Monday, 9/9/24 AWARDS LUNCHEON

Regular and Onsite

**Includes:** Awards Luncheon on Monday, September 9, 2024

\$50.00

**TOTAL**

## Tuesday, 9/10/24 CLOSING SESSION

Regular and Onsite

**Includes:** Closing breakfast and closing keynote speakers (AC Sawyer) on Tuesday, September 10, 2024

\$50.00

**TOTAL**

## Total Fees Included:

\$

**Registration does not include: Travel and some meals**

**Make checks payable to: The Arc of Alabama  
 Mail Registration Form(s) to:**

The Arc of Alabama  
 557 S Lawrence Street  
 Montgomery, AL 36104

**Hotel Reservations:** All conference attendees are responsible for making their own hotel reservations and are eligible for the special conference rate of \$152.00 per night (single or double) plus tax/fees at the Marriott Capitol Hill. Hotel Reservations at the Marriott Capitol Hill should be made on or before August 8, 2024 by calling the hotel at 800-228-9290 using Group Code: arc - see the website [www.aldisabilityconference.org](http://www.aldisabilityconference.org) for updates/links.

**PLEASE NOTE ATTENDEES MUST MAKE THEIR OWN HOTEL ACCOMODATIONS**

Please contact Tim Cooper at 334-262-7688 or at [tim@thearcofal.org](mailto:tim@thearcofal.org) with questions.

Print Name (First & Last):

Email:

Company/Organization/Affiliation (if applicable):

Address:

City, State, Zip Code:

Phone Number:

Alternative Contact Info:

**Is this your first time attending the Conference?**

\_\_\_ YES \_\_\_ NO

**How did you hear about the conference?**

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> State Chapter | <input type="checkbox"/> FaceBook |
| <input type="checkbox"/> Local Chapter | <input type="checkbox"/> Website  |
| <input type="checkbox"/> DMH Email     | <input type="checkbox"/> Other:   |

**Please check all that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Self-Advocate      | <input type="checkbox"/> Government Personnel or Official     |
| <input type="checkbox"/> Personal Assistant | <input type="checkbox"/> Volunteer                            |
| <input type="checkbox"/> Family Member      | <input type="checkbox"/> Chapter Staff                        |
| <input type="checkbox"/> Student            | <input type="checkbox"/> Direct Support Professional          |
| <input type="checkbox"/> Educator/Teacher   | <input type="checkbox"/> Professional in the Disability Field |
| <input type="checkbox"/> Exhibitor          | <input type="checkbox"/> Other                                |

**Do you have dietary restrictions? Yes or No  
 (MUST be received by 8/31/24 prior to Conference)  
 If yes, please explain:**

**What accommodations do you need to participate in this event?  
 (MUST be received by 8/31/24 prior to Conference)**

