

September 18-20, 2023



**ALABAMA
disABILITY
CONFERENCE**
*** 2023 ***

REGISTRATION FORM

Held at the:
Embassy Suites & Conference Center
300 Tallapoosa Street
Montgomery, AL 36104
Phone: 334-269-5055

FULL CONFERENCE REGISTRATON

Early before 6/30/23	Regular & Onsite
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Includes: Conference bag and access to all official sessions, Monday kickoff reception, and Tuesday & Wednesday lunches

\$275.00	\$350.00
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TOTAL

**SELF-ADVOCATE OR FAMILY
MEMBER FULL REGISTRATION**

Regular and Onsite

Includes: Conference bag and access to all official sessions, Monday kickoff reception, and Tuesday & Wednesday lunches

\$225.00

TOTAL

**TUESDAY, 9/19/23
AWARDS LUNCHEON**

Regular and Onsite

Includes: Awards Luncheon on Tuesday, September 19, 2023

\$50.00

TOTAL

**WEDNESDAY, 9/20/23
CLOSING LUNCHEON**

Regular and Onsite

Includes: Closing Luncheon on Wednesday, September 20, 2023

\$50.00

TOTAL

Total Fees Included:

\$

Registration does not include: Travel and some meals

**Make checks payable to: The Arc of Walker County
Mail Registration Form(s) to: The Arc of Walker County
745 Russell Dairy Road, Jasper, AL 35503**

Cancellations and Refunds: Cancellations must be made on or before August 31, 2023 and are subject to a 25% cancellation fee. Refunds will be made after the Conference. A substitute participant may be designated in place of a paid registrant who cannot attend.

Continuing Education credits will be offered.

Hotel Reservations: All conference attendees are responsible for making their own hotel reservations and are eligible for the special conference rate of \$169.00 per night (single or double) plus tax/fees at the Embassy Suites & Conference Center. Hotel Reservations at the Embassy Suites & Conference Center should be made on or before August 18, 2023 by calling the hotel at 334-269-5055 using Group Code: ADC - see the website www.aldisabilityconference.org for updates/links.

PLEASE NOTE ATTENDEES MUST MAKE THEIR OWN HOTEL ACCOMODATIONS

Please contact Joanna Brand at 205-387-0562 or at jbrand@walkerarc.com 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 8/31/23 prior to Conference)**

If yes, please explain:

**What accommodations do you need to participate in this event?
(MUST be received by 8/31/23 prior to Conference)**

