

Bringing the Voice of Disability to our Legislators

REGISTRATION FORM

Disability Rights Awareness Day

Monday and Tuesday, January 23 - 24, 2012

Name: _____

Mailing Address: _____

City/State: _____

Phone: __ (505) or (575) _____

Email: _____

I am (check all that apply):

a person with a disability

a parent/family member

support staff and/or attendant

a professional

- If you are a member of a support organization in your community please state which organization, self-advocacy chapter, etc. and describe your involvement:

- How did you learn about the event? (flyer, web site, agency): _____

Event accommodations (check as needed):

Alternative formats for information (Spanish, Braille, Large Print, Disc, etc) _____

Sign language interpreter (Deaf/Blind: Yes ___ No ___)

Spanish interpreter

Dietary considerations (please specify) _____

Other: _____

New information, please read carefully

Registration Fees for Monday, January 23, 2012

\$10.00 individual/family member

Individual/family member registration fee enclosed with form.

The fee includes hotel for one night, meals and training sessions

\$25.00 professional

The fee includes meals and training sessions only. Hotel accommodations are available to professionals at a group rate.

Total Due _____ ***Check or money order must be made payable to: Arc of NM

Tuesday, January 24, 2012 is a free event and open to the public*

*Everyone is welcome to attend Tuesday events

PLEASE COMPLETE BOTH SIDES OF REGISTRATION FORM

Hotel Accommodations:

Sleeping rooms are available at the Courtyard Marriot in Santa Fe. To reserve your room, please fill out the following information and submit to The Arc of New Mexico by December 14, 2011

I will need a room for the following (**check one night**):

Sunday, January 22, 2012

Monday, January 23, 2012

(Special consideration two night hotel accommodations for individuals traveling over 200 MILES ONE WAY from their residence to Santa Fe to attend event)

I will pay for my own room

I need to request a room stipend

I will sponsor a room for others

I will share a room with others Please list names: _____

I will need an accessible room

IF YOU ARE REGISTERING A LARGE GROUP, PLEASE ATTACH A ROOMING LIST INCLUDING WHO WILL SHARE AND/OR WHO WILL NEED AN ACCESSIBLE ROOM OR ROOMS ON THE 1ST FLOOR



Please return form by December 14, 2011 to:

Steve Scarton, Self-Advocacy Coordinator
The Arc of New Mexico
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