

Registration Form

2012 Livable Communities Conference | December 4 and 5, Westin Hotel, 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 skh4hog@comcast.net.

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 November 16. Substitutes are welcome.

Due on or before November 16, 2012 (Scholarship applications due October 19.)

Name (please print clearly for name tag)

Organization

Position

Address

Home

Work

City

State

ZIP

Telephone (day)

Telephone (evening or cell)

E-mail

(please provide current email for confirmation or to be notified if you are a scholarship recipient)

Would you like to receive Council email news? Yes No

Information (Please check all that apply.)

- I am applying for a scholarship.
Indiana SSI, SSDI or TANF recipients only. **Send proof.**
Please fill out both sides of this form.
- I have an access request.
Please complete the access requests section on the back.
- I request a limited personal care attendant.
Please complete the personal care attendant section on the back.

Fees* (Please check all that apply.)

- Seniors (62+), persons with disabilities and parents on fixed/limited income
 - Both days — \$65 in advance, \$75 at the door
 - Tuesday lunch (Awards program)
 - Tuesday reception
 - Wednesday full breakfast
 - One-day rate — \$50 in advance, \$65 at the door
 - Tuesday only Wednesday only
- General participant (professional)
 - Both days — \$135 in advance, \$150 at the door
 - Tuesday lunch Tuesday reception
 - Wednesday full breakfast
 - One-day rate — \$80 in advance, \$95 at the door
 - Tuesday only Wednesday only
- Scholarship applicant — \$10
Includes meals and the reception.
- One personal care assistant will accompany me — \$15
 - Tuesday lunch Tuesday reception
 - Wednesday full breakfast
- Second personal care attendant — \$65
 - Tuesday lunch Tuesday reception
 - Wednesday full breakfast
- Tuesday lunch only — \$55

TOTAL ENCLOSED \$ _____

*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.

Make checks payable to:

Sandy Kite Hunt, Conference 2012
Please send checks with Registration Form.

Mail this registration form with payment to:

Indiana Governor's Council for People with
Disabilities Conference
402 W. Washington St., Room E145
Indianapolis, IN 46204

Scholarship Application

Due on or before October 19, 2012. 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, by email address provided. *Please be sure to check your email for notification, or mailbox if no email address provided.*

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. **Send proof.**

Hotel Overnight for Scholarship Recipients – Tuesday, December 4, 2012

NOTE: Only for scholarship recipients 50 miles or more outside of Indianapolis. Hotel reservations will be billed directly to the Council. **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: _____

Provide name of other scholarship recipient you wish to room with: _____

Applicant's Signature: _____

Date: _____

Personal Care Attendant (PCA) Application

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

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

Name of assistant _____

Name of assistant _____

Cell number _____

Access Requests Application

- I am diabetic.
- I need an American 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).

