

Do You Qualify for a Region Discount?

Tough Times Call for New Ideas!

To all who live outside the area....

As a Statewide Convention,

we'd like people from ALL over our state to be part of this great event.

But we know travel costs are higher for some of you.

So we're trying out a Region Discount for 2009.

Region	Which County Do You Live In?	Fee Before 4-30/ After 4-30	Discount	Discounted Fee (Before 4/30)	Discounted Fee (After 4/30)
1	Del Norte, Humboldt, Mendocino, Lake	\$275/\$290	\$ 20 Off	\$255.00 *	\$270.00 *
2	Siskiyou, Modoc, Trinity, Shasta, Lassen, Tehama, Glenn, Butte, Plumas	\$275/\$290	\$ 20 Off	\$255.00 *	\$270.00 *
4	Sonoma, Napa, Solano	\$275/\$290	\$ 20 Off	\$255.00 *	\$270.00 *
5	Marin, San Francisco, Contra Costa, Alameda	\$275/\$290	\$ 20 Off	\$255.00 *	\$270.00 *
6	Amador, San Joaquin, Calaveras, Stanislaus, Tuolumne	\$275/\$290	\$ 20 Off	\$255.00 *	\$270.00 *
7	San Mateo, Santa Cruz, Santa Clara, San Benito, Monterey	\$275/\$290	\$ 20 Off	\$255.00 *	\$270.00 *
8	Mariposa, Merced, Madera, Fresno, Kings, Tulare, Kern	\$275/\$290	\$ 20 Off	\$255.00 *	\$270.00 *
9	San Luis Obispo, Santa Barbara, Ventura	\$275/\$290	\$ 75 Off	\$200.00 *	\$215.00 *
10	Los Angeles	\$275/\$290	\$ 75 Off	\$200.00 *	\$215.00 *
11	Orange	\$275/\$290	\$ 75 Off	\$200.00 *	\$215.00 *
12	Mono, Inyo, San Bernardino, Riverside	\$275/\$290	\$ 75 Off	\$200.00 *	\$215.00 *
13	San Diego, Imperial	\$275/\$290	\$ 75 Off	\$200.00 *	\$215.00 *

* Prices quoted are for the full Convention fee.

If you are arriving on Saturday (Partial Convention), deduct an additional \$15.00.

CONVENTION REGISTRATION FORM - SIDE A

People First of California Statewide Convention - June 12, 13, and 14, 2009

Deadline: April 30, 2009 or until filled!

Everyone who attends the convention must pay the registration fee.
This includes self-advocates, speakers, family members and support people.

1. NAME: _____

2. PEOPLE FIRST GROUP (Or organization): _____

3. ADDRESS: _____

4. CITY: _____ STATE: _____ ZIP CODE: _____

5. DAYTIME PHONE:(_____) _____

6. Are you a: **Self-Advocate** **Family Member** **Support Person**

7. When will you be arriving: **Friday, June 12** or **Saturday, June 13**

Please note: People who need assistance should plan to attend the convention with a support person. Neither the conference nor the hotel can be responsible for providing supervision or for administering medications.


8. Do you use a wheelchair for mobility: **Yes** **No**

9. Other accommodations you may need: **Sign language interpreting services**
 Accommodations for convention materials **Vegetarian meals** **Other specially prepared food**

Please Specify: _____

10. Convention Registration: (for Regional Center use only: Vendor # : P63905)

Send this form w/payment to: Supported Life Institute, 2035 Hurley Way, Suite 250, Sacramento, CA 95825

Convention Registration Fees (Does not include hotel sleeping room)	by 4/30/09	After 4/30/09
Full Convention - Arrive Friday 3:00 p.m.	\$275.00	\$290.00
Partial Convention - Arrive Saturday 9:00 a.m.	\$260.00	\$275.00
 Before You Pay... Don't Forget to Find Out if You Qualify for a Region Discount! (See Discount Flyer)	With Discount =	_____

Full Convention includes: Friday dinner, Saturday breakfast, Saturday lunch, Saturday dinner, Sunday Breakfast.

Partial Convention includes: Saturday lunch, Saturday dinner, and Sunday breakfast.

MEDICAL/SUPPORT NEEDS FORM - SIDE B

The goal of the Convention Planning Committee is for everyone attending this year's convention to have a positive, educational and safe experience. The information provided below will be folded into each badge holder for ready access in the case of an emergency. The convention registration desk will also maintain a copy of this information for the duration of the event.

**Individuals needing special assistance or supervision must be accompanied by a support person.
All supervision, medical, and personal care needs are the responsibility of each conference participant.**

1. **Name of Registrant :** _____

Self-Advocate Family Member Support Person

2. **In case of serious emergency**, please list a contact person who is not attending the event and is available by phone during the general times and dates of the convention.

Name: _____ Relationship: _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

3. Do you have any medical or personal needs which require the assistance of a support person?:

- Yes (If yes, please answer questions 4-8 below.)
 No (If no, the rest of this form is optional.)

4. **Name of your support person** at the convention: _____

Support person's cell phone number: (_____) _____

5. **Roommates** at the convention?: _____

6. **Medications?** Include type, dosage, amount, purpose, (attach a separate list if necessary):

7. Do you have **seizures?**: No Yes (please describe the type of seizures, frequency, any intervention which should be done immediately after a seizure, and whether you have ever required hospitalization for a seizure): _____

8. Please list any **other medical issues** which might require assistance from your support person: _____

HOTEL RESERVATION FORM

People First of California Statewide Convention - June 12, 13 and 14, 2009

Credit Card? You don't need to fill out this form. Call the hotel directly - (916) 929-8855 - mention the "People First of California Statewide Convention." If the DoubleTree Hotel is filled, ask the DoubleTree for overflow hotel information.

Check or Money Order? Complete this form. Make your check or money order payable to "DoubleTree Hotel." Send this form with the total payment for all the people in the room to:

DoubleTree Hotel, 2001 Point West Way, Sacramento, CA 95815.

(For Regional Center Use Only - Vendor: DoubleTree Hotel, # P63907 Service Code 005)

1. NAME: _____

2. ADDRESS: _____

3. CITY: _____ STATE: _____ ZIP CODE: _____

4. DAYTIME PHONE: (_____) _____

5. Arriving: Friday, June 12 or Saturday, June 13

6. Do you request your room be "handicapped accessible:?" Yes No

There are only a limited number of handicapped accessible rooms available.
The hotel will meet this request on a "first come, first served" basis.

7. There will be (circle one): **1 2 3 4** people in my room for: Fri & Sat or Sat

HOTEL RESERVATION FEES - Must be received at the DoubleTree by April 30, 2009

Price includes: hotel room & tax. A portion of the fees will be used to subsidize convention transportation costs.

	1 Person/Room (1 bed/room)	2 People/Room (2 beds/room)	3 People/Room (2 beds/room)	4 People/Room (2 beds/room)	Total Cost/Room
Saturday Night Only	\$144.74/person	\$72.37/person	\$51.99/person	\$38.99/person	1-2 people/room \$144.74 3-4 people/room \$155.95
Friday & Saturday	\$289.48/person	\$144.74/person	\$103.97/person	\$77.98/person	1-2 people/room \$289.48 3-4 people/room \$311.90

8. I am enclosing fees for the following reservation:

My Name: _____

Roommate # 1: _____

Roommate # 2: _____

Roommate # 3: _____

Total Fees Enclosed:

\$