

United In Self-Advocacy!

Saturday, September 16, 2017

DoubleTree Hotel and Executive Meeting Center
200 Atrium Drive, Somerset, NJ 08873

*PLEASE NOTE: EVERY PERSON WHO PLANS TO ATTEND THIS EVENT IS REQUIRED TO COMPLETE A REGISTRATION FORM, DESIGNATE 2 WORKSHOP CHOICES AND PAY \$55.00.

Conference fee is \$55 before September 8th. Please note that a **\$10 late fee** will be assessed to all registration forms received after the deadline. By completing this registration form, you permit The Arc of New Jersey the free use of your name and image in promotional media for future events.

First Name: _____ Staff Self-Advocate

Last Name: _____

E-mail Address: _____

Mailing Address: _____

Group Home or Agency: _____

City: _____ State: _____ Zip: _____

County: _____ Phone Number: (____) ____ - ____

Dietary Requests

| | | | | |
|--------|---------|------------|-------------------|-------------------------|
| Pureèd | Chopped | Vegetarian | Fruit for dessert | Gluten free or allergy: |
|--------|---------|------------|-------------------|-------------------------|

Conference Workshops

Please refer to page 2 of the newsletter for workshop choices.

| Workshops | Time | Workshop Choices | 1st Choice | 2nd Choice |
|------------|----------|------------------|------------|------------|
| Workshop A | 10:15 AM | Workshops 1 - 8 | | |
| Workshop B | 11:30 AM | Workshops 1 - 8 | | |

Please mail your completed registration form and \$55.00 payment by **September 8th** to:

ATTN: Frankie Bayak, New Jersey Self-Advocacy Project

985 Livingston Avenue, North Brunswick, NJ 08902

Please make all checks payable to The Arc of New Jersey.

Credit Card # _____

Amex () Master Card () VISA () Expiration Date _____

(Required) Signature x _____