

**Register TODAY!**

# Project STIR™ Training

*Steps Toward Independence  
and Responsibility*

**October 29-31  
Columbus**

*Deadline: October 5, 2018*



**WHO?** OSDA invites 30 youth and adults who live with disabilities to this three-day Project STIR™ training. As a participant, you will need a support person--called an ally--to come with you. Your ally may be a family member, staff person or friend. Your ally will join you in the training and assist you. After the training, your ally should be willing to help you advocate and become a leader.

**WHAT?** Project STIR™ will give you the tools to help advocate for yourself, connect with others, and gain leadership skills. Trainers will present information, give demonstrations, and involve people in small group activities and role plays.



You will learn about:

- How to stand up for yourself
- How to speak up about things important to you
- How to become a leader
- How to solve problems
- Your rights and responsibilities
- How to start a local network group

**Marion and Franklin County Boards of  
Developmental Disabilities**

**Supported by:**

**Ohio Self Determination Association**

**and the Ohio DD Council** *Partially funded by the Ohio  
Developmental Disabilities Council under the Developmental  
Disabilities Assistance and Bill of Rights Act.*



**WHEN?** Training begins: **Tuesday, October 29 at 12:30 pm**  
Training ends: **Thursday, October 31 at 5:00 pm.**

**WHERE?** **Crown Plaza North**  
6500 Doubletree Avenue, Columbus, OH 43229  
(614) 885-1885  
*Note: OSDA will make all hotel reservations.*

**REGISTRATION FEE: \$575-OSDA Members/\$650-Non-Members.**

Not a member? Join now at the OSDA website and register at the Member fee.

<http://www.osdaohio.org/pricing/>

Fee covers the expenses below for both you and your ally:

- All program materials, notebooks and handouts-18 hours of CEUs.
- Hotel room for two nights, double occupancy. (If requested, single-room occupancy may be arranged at an additional fee of half the room cost.)
- Breakfast and lunch on Wednesday and Thursday. Afternoon snacks all days. Dinner each evening is “on your own.” No meals on Tuesday.

**If you receive SELF Waiver services**, you may arrange to pay part (\$260) through Participant Directed Goods and Services. Contact Dana Charlton

**If you are a resident of Marion County**, financial assistance is available for the first 13 people to register. Contact Tabitha Butcher prior to October 4, 2018  
Email: [tbutcher@marioncountydd.org](mailto:tbutcher@marioncountydd.org) or Phone: (740) 375-6185

**If you are a resident of Franklin County**, financial assistance may be requested from the Franklin County Board of DD. Contact Crystal Schneider prior to 10/4/17. Email: [crystal.schneider@fcbdd.org](mailto:crystal.schneider@fcbdd.org) or Fax: (614) 342-5590

**Registration deadline is October 5, 2018.**

Complete the Registration Form and email or mail to OSDA at the address below

OSDA, 6155 Huntley Road, Suite i, Columbus, OH 43229

Email: [osda2011@gmail.com](mailto:osda2011@gmail.com)

Make checks or POs payable to OSDA

**For more information**, contact: Dana Charlton, [OSDA2011@gmail.com](mailto:OSDA2011@gmail.com) , (614) 562-1375.

Project STIR™ was developed by the University of North Carolina, Chapel Hill.

# REGISTRATION

## Project STIR™ Training – October 29-31, 2018

**Deadline: October 5, 2018** You will receive email confirmation of your registration.

Hotel reservations will be made by OSDA. **Training details you need to know before you arrive will be provided by email** 1 week prior to the training.

**PLEASE PRINT: Email is used to send details for the training and networking events that follow**

**1. Participant's name** \_\_\_\_\_ ☐ Male ☐ Female

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_ Email (required) \_\_\_\_\_

Accommodation needed-please explain what \_\_\_\_\_

Special diet needed-please explain what \_\_\_\_\_

Name of roommate \_\_\_\_\_ or:

☐ I request a room alone and agree to pay OSDA ½ the cost, which equals - \$110.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**2. Ally/support person** \_\_\_\_\_ ☐ Male ☐ Female

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_ Email (required) \_\_\_\_\_

Accommodation needed-please explain what \_\_\_\_\_

Special diet needed-please explain what \_\_\_\_\_

Name of roommate \_\_\_\_\_ or:

☐ I request a room alone and agree to pay OSDA ½ the cost, which equals - \$110.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name / Email of Person submitting registration: \_\_\_\_\_

If payment or Purchase Order or PO number is not included, please enter name and mailing address of the person or organization responsible for payment: \_\_\_\_\_

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