“Don’t Be Ordinary...Be Extraordinary”

We all have a hero in our heart.

Imperial Valley’s Twenty-Fifth
People First Conference
Barbara Worth Resort

Join the Self- Advocacy Movement!!!

Who:   Self-Advocates and Allies
What:  Imperial Valley People First Self-Advocacy Conference
When: March 4, 2017
Where:  Barbara Worth Resort, Holtville
Why:  Join or reconnect with the self- advocacy movement and have fun

Saturday, March 4
12:00pm   Registration Opens
12:00pm-1:15pm  Health and Resource Fair
  1:30pm-2:30pm  Opening Session
      Welcome, Imperial Valley People First Officers
      “Don’t Be Ordinary Be Extraordinary” Keynote Address
2:45pm-3:45pm  Workshops
3:45pm-4:15pm  Break and Open Microphone
4:15pm-5:15pm  Workshops
5:15pm-6:15pm  Free Time Activities
6:30pm-10:00pm  Banquet Dinner and Dance

HIGHLIGHTS:
♦ Workshops focusing on How to Be the Best You
♦ Health and Resource Fair
♦ Free time
♦ SuperHero themed Dinner Banquet and Dance
♦ Souvenir T-Shirt for Each Conference Attendee

Sponsors:
CONFERENCE REGISTRATION FORM—PLEASE COMPLETE

NAME:___________________________________________________________

ADDRESS:________________________________________________________

CITY:_______________________STATE_____________ZIP_______________

TELEPHONE: (_____)_______________________________________________

YOUR AGENCY, WORKPLACE OR DAY PROGRAM: ________________________

PLEASE CHECK: Wheelchair User _____ Yes _____ No
______Consumer_____ Parent _____ Attendant______ Professional_____ Other

Language Preferred: __ English __ Spanish __ Other (please Specify)

T-Shirt size: ___xxl ___ xl ___ lg ___ med

Registration Fee: $20.00 per person

Registration fees include conference workshops materials and dinner-dance. A souvenir T-shirt is also included with each paid registration.

List any special needs (including transportation) and what assistance you need:
_________________________________________________________________
_________________________________________________________________

_________________________________________________________________

Make checks payable to ARC Imperial Valley/ People First and mail this form to:
ARC Imperial Valley
P.O. Box 1828
El Centro, CA 92244

FORMS AND PAYMENT ARE DUE BY FRIDAY, February 24, 2017. A letter of confirmation will be sent to you.
NO REFUNDS AFTER February 24, 2017.
Questions? Call Salome at (760) 352-2236.
The goal of the conference planning committee is for everyone attending this year’s conference to have a positive, educational and safe experience. The information provided below will be folded into the name badge holder of each participant for ready access in the event of an emergency. The conference registration desk will also maintain a copy of this information.

All supervision, medical and personal care needs are the responsibility of each conference participant. A support person must accompany individuals needing special assistance or supervision. Please remember that all support people are required to pay registration fees and submit a separate registration form for their attendance at the conference.

If you are attending the conference, we are requesting your assistance in providing the following information. You may wish to ask someone to assist you in completing the form. Please note that conference registration materials will not be accepted unless side B is completed. Thank you for your understanding and cooperation.

CONFERENCE PARTICIPANT: ____________________________________________

EMERGENCY CONTACT (not attending the conference): ____________________

DAYTIME PHONE: (____)___________ EVENING PHONE:(__)_____________

1. Do you have any medical or support needs, which will require the assistance of a support person?
   □ Yes (If yes, please answer questions 2-6 below)
   □ No (If no, you do not need to complete the remainder of this form.)

2. Please list the name(s) of your support person(s) at the conference:

3. Please note below, or attach a separate list, any medications you take (include type, dosage, amount and purpose):

4. Do you have seizures? □ Yes □ No (If 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):

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