



**Telling My Story**

**My Thoughts  
My Words  
My Actions**

September 7 - 9, 2011 • Jackson's Mill, WV

## Conference Registration

### Personal Information

\* First Name:

\* Last Name:

\* Gender:  Male  Female

\* Address:

\* City:  State:  Zip:

\* Phone:

Cell Phone:

\* Email Address:

Name of Agency/People First Group (if applicable)

Is this your first conference?  
 Yes  No

### Price

- Registration + Cottage (PER PERSON total for conference): \$99.00  
\$109.00 after Saturday August 27, 2011
- Registration Private Room (PER PERSON total for conference\*): \$125.00  
\$135.00 after Saturday August 27, 2011
- Registration + Lodge Room (PER PERSON total for conference\*): \$142.00  
\$152.00 after Saturday August 27, 2011
- Registration Only: \$70.00  
\$80.00 after Saturday August 27, 2011

Note: If stipend for registration is requested, deduct \$70 from total due when sending payment. Stipends for staff are only available if they are NOT being paid by another source/not billed to waiver.

\*Class Session #3 - Thursday, 11:00 - 12:15 PM

- Planning for the Future: What Should I Think About?
- Fundraising: Ideas for Activities, Events and Grants!
- Searching for a Job: How to Get What I Want
- People First: How Do I Communicate with Other People and Groups?

\*What is your second choice for this class if your first choice is full when you register?

\*Leisure Activity 1 - Thursday, 9:45 - 11:00 AM (You CAN'T select same activity for both sessions!)

- Archery
- Nature Walk
- Art Project
- Music for Relaxation
- Line Dancing

\*Leisure Activity 2 - Thursday, 3:30 - 5:00 PM (You CAN'T select same activity for both sessions!)

- Archery
- Nature Walk
- Music for Relaxation
- Art Project
- Line Dancing

## Payment Method

Pay By Check

Please make check payable to:

People First of West Virginia  
912 Market Street  
Parkersburg, WV 26101

- Allow others to see that I have registered. (Note: only your name, title, and company information will be shared.)
- Yes, I would like to receive your email newsletters

For more information please contact us at 304-422-3151 or 1-877-334-6581.

## Accommodations / Modifications

Special Diet:

I use:

- Wheelchair
- Walker
- Crutches
- Scooter
- Communication Device
- Other

I will need:

- Sign Language Interpreter
- Braille Handouts
- Large Print Handouts
- CD
- Other
- No accommodations or modifications

## Classes and Activities

Please select your class selections below.

\*Class Session #1 - Wednesday, 6:30 - 7:45 PM

- First Aid/CPR: What Do I Need to Know?
- Healthy Meals: Planning & Purchasing
- Volunteering in My Community: Where Do I Begin?
- People First: How Do I Get Involved and Stay Active?
- Gardening: Having Fun, Making Money, Eating Healthy!

\*What is your second choice for this class if your first choice is full when you register?

\*Class Session #2 - Thursday, 8:30 - 9:45 AM

- Advisor and Support Staff: What is my Role?
- What are the Right and Wrong Ways to Advocate?
- Overcoming Fears and Depression
- Public Speaking Made Easy: Learn the Basics
- Money Management: How Do I Budget and Spend?

\*What is your second choice for this class if your first choice is full when you register?

\*How are you paying for your Registration Fee and Lodging? I am:

- Paying for my registration.
- Requesting a stipend for my registration.
- Paying for my lodging.
- Requesting a stipend for my lodging.
- Other \_\_\_\_\_

I am rooming with:

\*Select the level of accessibility<sup>2</sup> needed for lodging:

- Accessible entrance and restroom w/roll-in shower (Lewis or Northern Panhandle Cottage)
- Accessible entrance (no steps) only and I do not need an accessible restroom/shower
- Steps are OK and I do not need an accessible restroom/shower

Pictures and/or videos will be taken during the conference and I know that I may be included in those pictures either individually or as a member of a group.

I certify that I possess legal authority to give my permission to have my picture or video used for conference promotional purposes on displays or sponsoring web pages.

\*I'm of legal age or I'm the parent/legal guardian of the registrant and give permission.

- Yes
- No

I hereby release, discharge, indemnify and forever hold PF of WV, its parent agencies, officers, agents, volunteers & employees from any and all causes of action arising from my event participation.

\*I'm of legal age or I'm the legal guardian of the registrant and am electronically signing release.

- Yes
- No

\*(Please select one as it pertains to the conference ) I am a:

- Person with a Developmental Disability
- Family Member
- Disability Service Provider/Personal Attendant
- Presenter
- Sponsor
- Other \_\_\_\_\_

If you selected Family or Personal Attendant, please type the name of whom you will be assisting:

If you have a developmental disability and someone will be assisting you, what is their name?