**The 25th Annual National Conference on Rural Independent Living**

**“Power of Rural”**

**Youth Conference: “Reflect, Learn, Act”**

**October 25-28, 2019**

**Amway Grand Plaza Hotel**

**Grand Rapids, MI**

**REGISTRATION FORM**

**Please type or print clearly. Each registrant must complete a separate form. If you are filling out the form for someone, make sure they review before submission to ensure all their accommodation and dietary requests are accounted for.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | |  | **Phone** |  |
|  | (to appear on name tag) | |  |  |  |
| **Organization** | |  |  | **FAX** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Address** |  |  | **E-Mail** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **City** |  |  | **State** |  |  | **Zip** |  |

**PLEASE REVIEW THE FOLLOWING AND CHECK ALL THAT APPLY:**

**Check here if you plan to attend October 25TH – *FOR ADDITIONAL FEE***

**Pre-conference: TBA**

**Pre-conference: TBA**

**Youth Conference: “Reflect, Learn, Act”**

**PLEASE! Check all meals you will be joining us for: The following meals are included in**

**the Registration Fee. It is vital to our budget that we get an accurate head count for meals.**

Friday Welcome Reception  Saturday Luncheon Sunday Banquet  Monday Breakfast

Spouse/PA (must purchase meal ticket) Name:

**If you have special dietary needs / restrictions, detail below. Only those who request special meals will**

**receive one. If you use a special dietary meal at the conference without prior request you will be**

**responsible for the cost.**

Diabetic  Vegan  Vegetarian  Gluten Free  Paleo

Other (please detail):

**Materials and Accommodations:**

**In order to ensure that reasonable accommodations can be made, register at least 3 weeks**

**in advance. If you are registering and it is after October 4th, 2019 please contact**

[**april-elissa@sbcglobal.net**](mailto:april-elissa@sbcglobal.net) **as soon as possible to discuss your options.**

**ADA SLEEPING ROOM REQUESTS:**

You must make your own reservations. If ADA rooms are limited, Elissa Ellis will contact you to

determine what specific sleeping rooms / accommodations you require.

CHECK HERE IF YOU REQUIRE AN ACCESSIBLE SLEEPING ROOM.

**ALTERNATIVE FORMATS/ ACCOMMODATIONS:**

Braille  CART (live captioning)  Electronic Format  Sign Language Interpreter

Assistive Listening Device  Other

**MEETING MATERIALS:**

Please select below if you want conference materials (program and evaluation surveys) sent to

you via email the week of the conference INSTEAD of picking up printed packets the day of the

conference. Note you must still check in at registration to receive your name tag or to pay outstanding

registration fees if you have them.

**I would like to have my conference program and general evaluations sent to me electronically.**

**I understand I will not receive printed copies at the conference.**

Email for receipt of materials:

**I would like to pay an additional $10 (per person) to have my registration materials delivered to my**

**hotel room door so I do not need to check in at registration.** All funds from this service will go towards

supporting the 2020 APRIL Youth Conference.

**2019 CONFERENCE FEE SCHEDULE**

**APRIL Members NON APRIL Members**

Early Bird (by August 16) **$250.00** Early Bird (by August 16) **$350.00**

Regular Registration (by September 13) **$300.00** Regular Registration (by September 13) **$400.00**

Late Registration (after September 13) **$350.00** Late Registration (after September 13) **$450.00**

\***You may join in conjunction with the conference and get Member rates immediately!!**

[**https://www.april-rural.org/index.php/about-us/become-a-member**](https://www.april-rural.org/index.php/about-us/become-a-member)

**AMOUNT ENCLOSED**

Conference Fee from above $

Spouse/Attendant Meal Ticket $175.00 per person $

Pre-Conference $100.00 per person $

Youth Conference $100.00 per person $

Registration Delivery Fee $10.00 per person $

**TOTAL PAYMENT ENCLOSED $**

Check here if you need a receipt/confirmation sent to you prior to the conference.

**MAIL THIS FORM WITH PAYMENT MADE OUT TO “APRIL” TO: APRIL**

11324 Arcade Dr., Suite 9 Little Rock, AR 72212

Attn: Elissa Ellis, Director of Operations

501-753-3406 FAX / [april-elissa@sbcglobal.net](mailto:april-elissa@sbcglobal.net)

**ATTN: PHOTO RELEASE**

\*Signing below gives APRIL permission to use photos taken at conference in distribution materials related to APRIL.

Name: Date:

\*\*\* Certificate of Attendance: Email Elissa at address above and one will be sent to you **AFTER** the conference\*\*\*