

**17th Annual People First Conference
Registration Form (part 1 of 3)**

If you are a person with a **DEVELOPMENTAL DISABILITY**

-----COMPLETE THIS SECTION-----

First Name: _____ Last Name: _____ Male Female

Address: _____
address city state zip

Home Phone: _____ Alternate Phone: _____ E-Mail: _____

Name of Agency/People First Group (if applicable): _____

Is this your 1st conference? Yes No If not, how many years have you attended? _____

If you are a **FAMILY MEMBER / ATTENDANT / AGENCY STAFF**

-----COMPLETE THIS SECTION-----

First Name: _____ Last Name: _____ Male Female

Name of Agency/People First Group (if applicable): _____

Address: _____
address city state zip

Home Phone: _____ Alternate Phone: _____ E-Mail: _____

Name of Person(s) You Are Supporting (if applicable): _____

Accomodations / Modifications

Sign Language Interpreter Braille Handouts Large Print Handouts CD

Special Diet (details): _____ I use: a wheelchair a walker crutches a scooter

Permission to Photograph/Video

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

I certify that I am over 18 years of age and possess legal authority to give my permission to have my picture or video clip used for conference promotional purposes on displays or sponsoring agency web pages.

I hereby certify that I am the parent or guardian of _____ and give my consent to the foregoing on behalf of him/her.

I do not want my picture to be used in any public promotional displays.

Signature

Date

Registration Cost (part 2 of 3)

Stipend funds are available to people with developmental disabilities and their family members through a grant from the WV Developmental Disabilities Council.

My Registration Cost

- I am paying for my registration..... \$70.00
- I am requesting a stipend for my registration..... \$0.00

Lodging Cost - Select One Option

Lodging fees shown in the column to the right reflect the total cost of the room for the entire conference.
(Please note that private and lodge rooms require at least 2 per room.)

**Total Cost for
entire
conference**

Fill in cost of
your selected
lodging option

- Cottage** (price per PERSON per night = \$12.50)..... **\$25.00** \$

Select level of accessibility needed. I need the following:

- Accessible entrance & 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 to cottage are OK and I do not need an accessible restroom/shower

- Private Room** (price per ROOM per night (2 person minimum) = \$50.00)..... **\$100.00** \$

Select level of accessibility

- I need a cottage with no steps
- Steps to cottage are OK

I will be rooming with: _____

- Lodge Room** (price per ROOM per night (2 person minimum) = \$68.00)..... **\$136.00** \$

Select level of accessibility. (There are steps to the lodge entrance and all rooms.)

- Steps to lodge entrance and to rooms are OK.

I will be rooming with: _____

Registration Fee + Lodging Cost = Total Conference Fee

My Total Cost \$ _____

- Personal Check Enclosed Agency Check Enclosed Will Pay Upon Arrival Bill Me

**Make all checks payable to:
People First of WV, 912 Market Street, Parkersburg, WV 26101**

CLASS REGISTRATION (part 3 of 3)
Getting Prepared...Being Prepared
Personal Safety ✦ Emergencies ✦ Disasters

Classes - Mark your 1st and 2nd choices for each time slot

What You Will Learn In This Class

Wednesday - 6:30 pm - 7:45 pm

_____ Being A Good Board or Committee Member.....	What you need to know to serve on boards and/or committees
_____ Time Management: Getting It All Done!.....	Tips and techniques on managing your time
_____ Money Skills: How Do I Budget & Spend.....	How to make good money and budgeting choices
_____ Sign Language.....	Basic signs to communicate with others who are deaf or have a hearing impairment
_____ Volunteering: How Can I Help In A Disaster?.....	What it means to be a volunteer and how you can help others during a disaster

Thursday - 8:30 am - 9:45 am

_____ Self-Defense: disAbled Protection* (limit 15-must submit waiver)...	How to protect yourself using your own body mechanics despite any limitations
_____ Home & Personal Safety: Using Assistive Technology.....	How to avoid falls, burns, cuts, etc., and devices & resources available to use
_____ Fundraising: How Do We Do It?.....	Ideas, tips and techniques on how to raise funds for your chapter or agency
_____ Disability Awareness & Etiquette: Getting the Word Out.....	How to teach disability awareness and get resources that you can copy and distribute
_____ Learning to Speak Up For Yourself: Why Is It Important?.....	What key things you should be able to tell others about yourself and how to do it

Thursday - 11:00 am - 12:15 pm

_____ Self-Defense: disAbled Protection* (limit 15-must submit waiver)...	How to protect yourself using your own body mechanics despite any limitations
_____ Home & Personal Safety: Using Assistive Technology.....	How to avoid falls, burns, cuts, etc., and devices & resources available to use
_____ Problem Solving: Working Things Out.....	Tips and techniques on how to work recognize a problem and ways to work it out
_____ Communication: Handling Rude & Difficult People.....	Techniques on what to do when others are difficult for you to communicate with
_____ Respectful Relationships: What Does That Mean?.....	Giving and getting respect and what makes a relationship good or bad

Thursday - morning and afternoon - 2 sessions

Leisure Activity - Circle Two (one for each free time session)

- | | |
|----------------------|----------------------|
| Art Project | Swimming |
| Corn Hole/Lawn Games | Fishing |
| Nature Walk | Music for Relaxation |

Please note:
 Additional pool time may be available during the conference,
 but will not be confirmed until a later date.
 Fishing will be limited to the first 25 per session.

-- WAIVER TO BE COMPLETED PRIOR TO CONFERENCE IF SELF-DEFENSE CLASS IS SELECTED ON REGISTRATION FORM --

disABLED PROTECTION BECAUSE BEING A VICTIM IS NOT AN OPTION!

APPLICANT'S PRINTED FULL NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP/POSTAL CODE _____

E-MAIL ADDRESS _____ TELEPHONE NUMBER _____

LEGAL GAURDIAN FULL PRINTED NAME _____

EMERGENCY POINT OF CONTACT: NAME _____ TELEPHONE NUMBER _____

DISABILITY AND METHOD OF MOBILITY _____

PLEASE LIST SPECIAL NEEDS OR MODIFICATIONS (INCLUDING INTERPRETER OR PCA) _____

RESTRICTIONS AND MEDICATIONS (ANYTHING THAT COULD AFFECT PHYSICAL CONDITIONING) _____

WAIVER

I wish to participate in disABLED PROTECTION training. I certify that I am 18 years or older, or that my legal guardian has signed to the right to allow me to attend. I understand that this training is inherently dangerous and I knowingly and willingly assume all risk of injury or other damage associated with such training. I release all teachers, students, and other parties from any claim of any and all liability that may result from injury received, and I hereby waive all claims that I, or anyone else on my behalf, may make with respect to such injury or damages. I agree for myself and successors that the above representations are contractually binding and are not mere recitals, and that should I or my successors assert my claim in contravention to the agreement, I or my successors shall be liable for the expenses including but not limited to legal fees incurred by the other party or parties in defending unless the other party or parties are adjudged finally liable on such claim for willful and wanton negligence. This agreement shall not be construed as a modification of any other provision, or as a consent to any other subsequent waiver or modification.

Applicant's signature Date

Legal guardian's printed full name

Legal guardian's signature Date