

Alabama APSE 2016

"Other Sponsors Pending"



Riverview Plaza Hotel

July 20–22

Tentative Conference Agenda

Wednesday, July 20	
10:00—12:55	Registration
1:00—2:30	General Session
2:30—3:00	Break
3:00—4:30	General Session
10:00—6:30	Silent Auction
6:30— Until	Evening Activity
Thursday, July 21	
8:30—10:00	General Session
10:00—10:30	Break
10:30—11:30	Breakout Session
11:30—1:00	Lunch
1:00—2:00	Breakout Session
2:00—2:15	Break
2:15—3:15	Breakout Session
3:15—3:45	Break
3:45—4:45	Breakout Session
6:00— Until	Awards Celebration
Friday, July 22	
8:00—10:00	General Session
10:00—10:30	Break
10:30—Noon	Closing Session

Hotel Information



**Renaissance Mobile
Riverview Plaza Hotel
64 South Water Street
Mobile, AL 36602
251-438-5000**

Rates: \$119.00 Single/Double
Please reserve by June 18, 2016

To Reserve Room Electronically

http://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=Alabama%20APSE%5Emobrv%60apsapsa%60119%60USD%60false%604%607/15/16%607/25/16%6006/18/16&app=resvlink&stop_mobi=yes

Continuing Education and CRC Credit Available
Approval Pending for CE's in
Social Work
Counseling
Nursing

Participants must be in attendance for full conference and must attend approved sessions for all time slots to receive Continuing Education Credit. No contact hours will be awarded for partial attendance.

For Updates Contact: Alabamaapse@aol.com, visit www.al-apse.org
or contact Beth.Hanks@rehab.alabama.gov (251-479-8611)

**AL-APSE 2016
Other Sponsors Pending**

AL-APSE Members: \$210.00 Before June 30 (**Must include Membership Number**) _____
Non-AL-APSE Members: \$240.00 Before June 1st
ADD \$40.00 after June 30, 2016

Name	Organization	
<hr/>		
Address	City	Zip
<hr/>		
() _____ - _____	_____	
Telephone	Email (for registration confirmation)	
ADA Accessibility Needs _____		

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Please contact byron.white@mh.alabama.gov or 334-353-7713 to discuss ADA needs
Must request by June 15, 2016

APSE Member? Yes _____ No _____ Membership # _____
_____ I will attend Awards Dinner

Cancellation Policy: Registration Fees Cannot Be Refunded, Substitutions Will Be Accepted

By registering for the conference each attendee understands that photographs and videos will be taken throughout the conference for use in publications, presentations, and other events. The photos will remain the property of AL-APSE. Please inform photographer(s) if you do not wish to be photographed.

Make Checks Payable to: Alabama APSE	Visa & MasterCard Accepted \$2.00 Processing Fee
Mail Registration Form & Check to: AL-APSE 8228 Royal Oak Court Montgomery, AL 36117	Card Number _____ CVV # on back of Card (3 digits) _____ Expiration Date _____

Authorized Signature
Purchase Order # _____

To Register Electronically:
<http://events.constantcontact.com/register/event?lr=eq8in9eab&oeidk=a07ec39g29x4924c0ab>

Please Note That Payment is due within 10 days of registering unless paying by purchase order!

For those requesting potential sponsorship for conference attendance, please complete the application on page 4 and return to AL-APSE 8228 Royal Oak Court, Montgomery, AL 36117 Double, Triple and Quad Occupancy required for hotel stays to accommodate more applicants.

CIF INDIVIDUAL APPLICATION (PLEASE PRINT OR TYPE)

Name _____

Address _____ Telephone Number _____

City _____ State _____ Zip _____

Email _____

Do you live inside the city limits? Yes No If not, please list the county you live in?



ETHNIC STATUS (OPTIONAL:)

- HISPANIC
- AFRICAN AMERICAN
- ASIAN-AMERICAN
- AMERICAN INDIAN
- CAUCASIAN
- OTHER

() PLEASE CHECK THE APPROPRIATE BOX:

- I am a **person** with a developmental disability.
- I am a **parent** of a child with a developmental disability
- I am the **guardian** for a person with a developmental disability
- My **family member** is an adult with a developmental disability

WHAT CONFERENCE/EVENT ARE YOU SEEKING FUNDS TO ATTEND?

You must attach to this application any printed information on the event that clearly explains what you want to attend, such as the agenda, brochure, and/or flyer).

Date of Conference/Event _____ Location of Event/Activity _____ # of People using CIF Funds _____

Name of Conference/Event _____

PLEASE INDICATE FUNDS BELOW:

HOW MUCH YOU CAN PAY (YOUR FUNDS)? HOW MUCH FUNDED BY OTHERS (OTHER AGENCIES)? HOW MUCH REQUESTED FUNDS (FUNDING FROM ACDD CIF)?	YOUR FUNDS	FUNDS FROM OTHER AGENCIES	FUNDS FROM ACDD CIF
REGISTRATION			
PERSONAL ASSISTANCE			
HOTEL/LODGING			
MILEAGE			
CHILD/RESPITE CARE			
AIR OR BUS FARE			
MEALS			
OTHER (please list _____)			
TOTAL			