**People Planning Together Registration Form**
June 2nd and 3rd, 2018 at the Colorado Fund for People with Disabilities
1355 South Colorado Boulevard, Denver, CO 80222

**Due to the sensitive nature of sharing personal details in a one-page description, attendees of this course are limited to self-advocates with IDD and their secretaries/advisors. If you need assistance filling out this form, please contact Ellen Jensby at ejensby@alliancecolorado.org or (303)832-1618 ext. 13. Please fill out this form completely and return it by May 31st to:**Ellen Jensby, 1410 Grant Street, Suite B305, Denver, CO 80207

**Attendee/Self-Advocate Information:**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use a wheelchair or walker? Circle one: Yes No

Please let us know about any accommodations you need, like accessible materials or an interpreter (including your preferred interpreter service):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please let us know about your special dietary needs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*We will do our best to accommodate your needs. Please provide us as much notice as possible. We may be unable to accommodate some needs, like interpreter services, without more than two weeks’ notice.

Travel stipends of up to $250 are available for attendees traveling from more than 25 miles away. We will contact you for additional information if you apply.
Would you like to apply for a travel stipend? Circle one: Yes No

**Secretary Information:**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship (circle one): Family member Friend Service Provider Advisor Other

Do you use a wheelchair or walker? Circle one: Yes No

Please let us know about any accommodations you need, like accessible materials or an interpreter:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please let us know about your special dietary needs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_