

# International Conference on Self-Determination Registration Form

## May 27-29, 2008 ♦ Marriott Renaissance Center, Detroit, Michigan

### REGISTRATION FEE (per person)

The full conference registration fee provides you with a program packet, workshops, two breakfasts, two lunches, opening reception and all breaks.

	RATES:		Discounts
	Early Bird	After 5/1/08	
Full Conference	\$275	\$350	10% for 5 or more
Pre-Conference Day Tuesday 5/27/08	\$75	\$100	20% for 10 or more

### 3 EASY WAYS TO REGISTER

<b>ON LINE:</b> <a href="http://www.self-determination.com">www.self-determination.com</a>	<b>BY FAX:</b> (517) 374-1053	<b>BY MAIL: MACMHB</b> 426 S. Walnut St., Lansing, MI 48933
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**EARLY BIRD DEADLINE: MAY 1, 2008**

\* Cancellation Policy: Substitutions are permitted at any time. Cancellations must be received in writing at least 10 business days prior to the conference for a full refund less a \$25 administrative fee. If cancellation is received less than 10 business days prior to the conference, no refund will be given.

Please Check  Conference Attendance:     Full Conference     Pre-Conference Tuesday May 27, 2008

Please Check  the Meals You Plan to Attend. (Meals are Included in the Cost of the Conference Registration):

Tuesday Reception     Wednesday Breakfast     Wednesday Lunch     Thursday Breakfast     Thursday Lunch

I am a Personal Assistant who will be assisting \_\_\_\_\_ (name required) during the conference. A Personal Assistant is someone who assists people with disabilities with tasks essential for daily living. These tasks include bathing, dressing, getting around, toileting, eating, etc. The special conference rate for Personal Assistants is \$125 (covers food & beverage only).

Name as Printed on Badge: \_\_\_\_\_

Agency: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

In Case Of Emergency during Conference, please Contact: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Disability accommodations (including dietary and alternative format) will be provided when written requests are received 10 business days prior to the conference. Clearly state your specific needs below. On-site requests will be attempted, but cannot be guaranteed. \_\_\_\_\_

### PAYMENT METHOD

Payment **DOES** need to accompany registration form. Please note that confirmation letters will **NOT** be sent. If you require confirmation, please contact Annette Pepper at [apecpper@macmhb.org](mailto:apecpper@macmhb.org) or 517-374-6848.

Check enclosed (payable to MACMHB)

Purchase Order (attached)

Charge to:     Visa     MasterCard     American Express     Discover

#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ Cardholder Phone #: \_\_\_\_\_

**REGISTRATION QUESTIONS? CALL MACMHB (517) 374-6848**