



Attendee Registration Packet

Saturday, October 7, 2017 (9am-4:30pm)

Roth's Fresh Market, 1130 Wallace Rd NW, Salem, OR 97304

SEND COMPLETED CONFERENCE REGISTRATION FORMS TO:

EMAIL: scushman@ucpaorwa.org
FAX: 503-771-8048
MAIL: United Cerebral Palsy of Oregon & SW Washington
 305 NE 102nd Avenue, Suite 100
 Portland, OR 97220

QUESTIONS: Call Susan Cushman at 503-467-0332 or 800-473-4581

WORKSHOP SCHEDULE

8:30am	Registration Begins (Plus continental breakfast!)
9:00am – 9:50am	Opening (Fierce Love Scenes / Discussion about Grief)
10:00am	My Child's Care Notebook & Organizer (You'll learn how to stay organized with a notebook, and you'll get a notebook to take home from the Swindells Resource Center! Bring some of your medical and school records to get started.)
11:00am	Moms' Tea / Dads' Group (A chance for everyone to connect)
12:00noon	Lunch (buffet)
1:00pm – 2:45pm	Life Care Planning/ABLE Act (Presented by Alisha Langford, of the Palladio Group... Receive helpful tips to get life planning off the "back burner!")
3:00pm	Healthcare/Insurance Advocacy & Funding Resources (Presented by Shauna Signorini, Family to Family Health Information Center... Learn how to navigate and appeal insurance & health care decisions.)
4:00 – 4:30pm	Closing

CONTACT INFO

FIRST NAME

LAST NAME

ADDRESS

PHONE NUMBER

EMAIL ADDRESS

Unless an "x" is marked in this box , the above information will be published in the roster of attendees

REGISTRATION INFO

EARLY BIRD REGISTRATION: BEFORE
10/2/17

Late Registration Fee (\$30 per each)

People Registered: _____ (x \$30)
= TOTAL: \$ _____

LATE REGISTRATION: AFTER 10/2/17
Late Registration Fee (\$40 per each)

People Registered: _____ (x \$40)
= TOTAL: \$ _____

What are the attendees' special dietary needs, if any?

Do you need childcare? (limited to 10 kids) # of kids: _____

NOTE: Our free childcare is extremely limited. We'll let you know if you get it!

For record keeping purposes, are you raising a child with cerebral palsy? YES NO

How are you paying?

- Check (make checks payable to: United Cerebral Palsy)
- Scholarship (see third page of packet)
- Visa | MasterCard | Amex | Discover |

Card Number: _____ Exp. Date: _____

CRV: _____

Signature: _____ Today's Date: _____

SCHOLARSHIP APPLICATION (complete if requesting a scholarship)

Some scholarships are available. Please apply only if necessary, and note that we may only be able to grant you less than the total amount you are requesting.

To be considered for a scholarship:

- Please complete the entire registration form.
- Answer the question below (use a separate piece of paper if necessary).
- Return this form with a \$10.00 (or more!) co-pay per person for each of the scholarship recipients. (NOTE: If not awarded a scholarship, any co-pays can be used toward the regular registration fee, or they will be fully refunded after the conference.)

How many scholarships are you requesting? \$_____

The amount you are paying for a co-pay (at least \$10 per person) TOTAL: \$_____

How will you use what you learn at the conference?