



Conference Location
 Renaissance Hotel & Spa
 201 Tallapoosa Street
 Montgomery, AL 36104
 334 481 5000

Room Rates: \$129.00 Single/Double

To Book Electronically:

https://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=AL-APSE%202019%5Emgmr%60psesea%60129%60USD%60false%604%607/9/19%607/12/19%606/9/19&app=resvlink&stop_mobi=yes
 Deadline 6/19/19 for discounted rate

Reservations by telephone:

1 (800) 468-3571

Tentative Conference Schedule:

Wednesday, July 10, 2019

10:00— 11:55 Registration
 12:00—2:15 Awards Luncheon
 2:15—3:00 Break
 3:00—4:30 General Session

Thursday, July 11, 2018

8:00—9:30 General Session
 9:30—10:00 Break
 10:00—11:00 Breakout Sessions
 11:00—11:15 Mini Break
 11:15—12:15 Breakout Sessions
 12:15—2:00 Lunch (On Your Own)
 2:00—3:00 Breakout Sessions
 3:00—3:30 Break
 3:30—4:30 Breakout Sessions
 6:00—Until TBD

Friday, July 12, 2018

8:00—9:45 General Session
 9:45—10:15 Break
 10:15—Noon Closing Session

The agenda is tentative and subject to change. This year’s conference will open with the Annual Alabama APSE Awards Luncheon. Please take time to nominate a potential award winner.

Coming Soon:

Conference Information and Information on 2019 AL-APSE Awards can be found at www.al-apse.org

2019 Registration Form
Paper Registration Form— *Electronic Registration Encouraged!*

AL-APSE Members: \$250.00 before June 21— \$280.00 after June 21

Non-Members: \$250.00 before June 21 —\$290.00 after June 21

**PLEASE NOTE: *Members* of APSE receive a \$30.00 Discount on Registration
**Must Call 334-353-7713 or Byron.white@mh.alabama.gov for discount code:
MUST INCLUDE MEMBERSHIP # BELOW: Only available to members!!****

**Name: _____ APSE Membership # _____
N/A if None Member**

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

Organization/Company: _____

**ADA Accessibility Needs: _____
i.e. Braille, Interpreter, etc. Must Request by May 11, 2018
Please contact Byron.white@mh.alabama.gov to discuss ADA needs**

Continuing Education (Social Work, Counseling, Nursing) and CRC, CESP Credit will be available. For more information and updates contact Alabamaapse@aol.com, visit www.al-apse.org or contact Byron.white@mh.alabama.gov (334-353-7713)

By registering for this conference each attendee understands that photographs and videos may 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

Mail Registration Form & Check to:

PO Box 240691

Montgomery, AL 36124

Visa and MasterCard Accepted \$2.00 Processing Fee

Card Number _____

CVV # on back of Card (3 digits) _____

Expiration Date: _____

Signature: _____

**Please Visit Page 4 for Electronic Registration Information
Purchase Orders**

Electronic Registration Information

You are encouraged to register electronically for this year's conference. Please click on link below to register!

<http://events.constantcontact.com/register/event?llr=eq8in9eab&oeidk=a07efrm6rlkd8ff4ba4>

Please note that discount is only available to paying members of Alabama APSE. Membership dues are paid and renewed annually. For those that apply discount without current membership will be invoiced for the \$30.00 discount!

Paper Registration Check or Credit Card—

Payment via check due within 10 days after registering to avoid cancellation.

Checks should be made payable to Alabama APSE and mailed to:

AL-APSE,

PO Box 240691

Montgomery, AL 36124



THANK YOU

Consumer Involvement

A limited number of consumer involvement sponsorships will be available for this years event. To be considered for sponsorship, please complete the application below and return promptly to **Alabama APSE, PO Box 240691, Montgomery, AL 36124**. You can also scan and email the application to alabamaapse@aol.com

The application doesn't guarantee an approved sponsorship. Approvals will be based on date application is received, number or sponsored events approved in the past, etc. Those approved will be required to share hotel rooms (minimum double occupancy) to accommodate more applicants!

Name: _____

Address: _____

Telephone: _____

Email Address: _____

I would like to share room with: _____

ADA Accommodation Needs: Accessible Hotel Room i.e. roll in shower, etc.? Yes No

Have you attended this event in the past? Yes No Year last attended: _____

Transportation to and from event along with some meals will be responsibility of applicant!

Please list any ADA Accommodation needs for conference? i.e. Interpreter, Braille, Large Print, etc. Must be requested by May 1, 2019: _____

Are you : Person with disability Family member of person with disability? Please describe your relationship/connection to person with disability? i.e. parent, sibling, etc. _____

This conference is intended for youth and adults interested in learning more about self-advocacy, employment and other appropriate disability topics. Therefore, the conference is intended for older youth and adults.

Would you describe yourself as a youth 18—24, adult 24 or older

Would you describe yourself as? HISPANIC AFRICAN AMERICAN ASIAN AMERICAN
 AMERICAN INDIAN CAUCASIAN

By applying you understand that transportation to and from event, along with some meals will be your responsibility.

Signature

Date