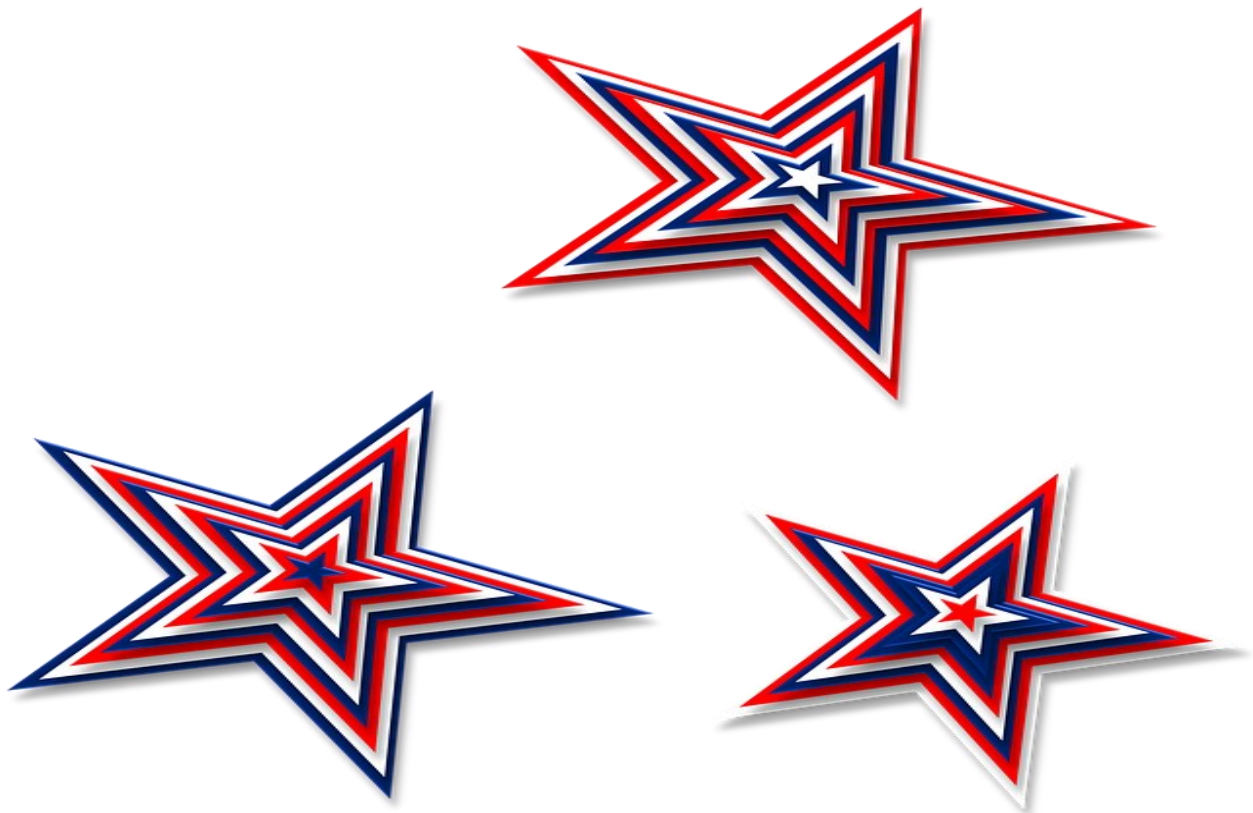




**Conference  
Registration  
Form**

**Annual Training Conference  
July 8-10  
Montgomery, AL**





## Reservations by telephone:

**1 (800) 468-3571**

Conference Location

Renaissance Hotel & Spa

201 Tallapoosa Street

Montgomery, AL 36104

334 481 5000

Room Rates: \$134.00 Single/Double

To Book Electronically:

<https://www.marriott.com/event-reservations/reservation-link.mi?id=1571266395905&key=GRP&app=resvlink>

Deadline 6/16/20 for discounted rate

## Preliminary Conference Schedule:

### Wednesday, July 8, 2020

10:00— 12:55 Registration  
1:00—2:30 Opening Session  
2:30 —3:00 Break  
3:00—4:30 General Session

### Thursday, July 9, 2020

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  
2:00—3:00 Breakout Sessions  
3:00—3:30 Break  
3:30—4:30 Breakout Sessions  
6:00—Until AL-APSE Awards Banquet  
Evening Fun

### Friday, July 10, 2020

8:30—10:00 General Session  
10:00 - 10:30 Break  
10:30 - Noon Closing Session

**Details subject to change.**

**Starting and ending times are confirmed!**

**2020 Registration Form**  
**Paper Registration Form— Electronic Registration Encouraged!**

**\$260.00 before June 21 —\$290.00 after June 21**

**PLEASE NOTE: **Members** of APSE receive a \$30.00 Discount on Registration**

**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, 2020

Please contact Byron.white@mh.alabama.gov to discuss ADA needs

**Continuing Education Social Work, Nursing and CRC, CESP Pending!**

**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=a07egnqppf8fe2a5f00](http://events.constantcontact.com/register/event?llr=eq8in9eab&oeidk=a07egnqppf8fe2a5f00)

Please note that discount is only available to paying members of Alabama APSE. Membership dues are paid and renewed annually.

### **Paper Registration Check or Credit Card—**

**Payment via check due within 15 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**

## CIF Individual Application

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email:** \_\_\_\_\_ **(Required)**

Do you live inside the city limits? \_\_\_ Yes \_\_\_ No If no, please list county you live in: \_\_\_\_\_

ETHNIC STATUS (Optional)

\_\_\_ Hispanic

\_\_\_ African American

\_\_\_ Asian American

\_\_\_ American Indian

\_\_\_ Caucasian

\_\_\_ Other

\_\_\_ I am person with developmental disability

\_\_\_ I am a parent of a child with a developmental disability

\_\_\_ A am the guardian for a person with a developmental disability

\_\_\_ My family member is an adult with a developmental disability

### **This Application seeks funds to attend AL-APSE 2020**

This application if approved provides the following for the AL-APSE Conference:

**Registration, Hotel Accommodations (minimum double occupancy) for 2 nights, some meals. Applicant is responsible for transportation to and from event.**

**If approved, please list name(s) of individuals you can share a hotel room with during the conference:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail this application to:

AL-APSE

PO BOX 240691

Montgomery, AL 36124

Email: alabamaapse@aol.com

**Any Accommodations needed?** \_\_\_ Braille \_\_\_ Interpreter

\_\_\_ **Other – Please List:** \_\_\_\_\_