

Employment



The vision is
clear!!

Annual Alabama APSE Conference

July 8-10

Montgomery



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:** _____