

AL-APSE

2017

**Celebrate
Independence!!**

**Employment First!
Employment Now!**

June 28 - 30, 2017

Mobile, Alabama

Other Sponsors Pending!

Conference Registration Page 3, CIF Application Page 4 & Exhibit Registration Page 6



Conference Location

Renaissance Riverview Plaza Hotel

64 South Water Street

Mobile, AL 36602

251-438-4000

Room Rates: \$119.00 Single/Double

To Book Electronically:

http://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=Alabama%20Association%20for%20Persons%20in%20Supported%20Employment%20Conference%20%5Emobrv%60apsapsb%60119%60USD%60false%604%606/24/17%607/2/17%6005/29/17&app=resvlink&stop_mobi=yes

Tentative Conference Schedule:

Wednesday, June 28, 2017

10:00—12:55 Registration
1:00—2:30 General Session
2:30—3:00 Break
3:00—4:30 General Session
6:00—Until Live AL-APSE Auction

Friday, June 30, 2017

8:00—9:30 Breakfast/General Session
9:30—10:00 Break
10:00—Noon Closing Session

Thursday, June 29, 2017

7:00—8:00 Continental Breakfast
8:15—9:15 Breakout Sessions
9:15—9:30 Break
9:30—10:30 Breakout Sessions
10:30—11:00 Break
11:00—12:00 Breakout Sessions
12:15—1:45 AL-APSE Awards Luncheon
1:45—2:00 Break
2:00—3:00 Breakout Sessions
3:00—3:30 Break
3:30—4:30 Breakout Sessions

For the first time ever, Alabama APSE will host a live auction on Wednesday evening, June 28 beginning at 6:00 p.m. The proceeds from the auction will benefit the Barclay and Sheehan Scholarships. During this live auction, attendees will be able to enjoy food, fun and entertainment while bidding against your friends to purchase items of interest.



Alabama APSE welcomes donated items and baskets to offer at the auction. Individuals, organizations, companies and others that donate items will be recognized at the conference. To learn how to submit a donation, email alabamaapse@aol.com and request donation application!

2017 Registration Form

AL:APSE Members: \$210.00 before June 1 — \$250.00 after June 1

Non-Members: \$240.00 before June 1 — \$280.00 after June 1

PLEASE NOTE: Membership Required for Discount. Must Pay Non-Member Rate if unable to provide current membership number!!!

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 28, 2017

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 Beth.hanks@rehab.alabama.gov (251-479-8611)

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: _____

To Register Electronically:

<http://events.constantcontact.com/register/event?llr=eq8in9eab&oeidk=a07edoqli9o6d91aaa0>

Purchase Orders Accepted! Please mail completed purchase order(s) along with registration form(s)

To **Alabama APSE PO Box 240691, Montgomery, AL 36124**

Please see CIF Application on Page 4 for potential conference sponsorship!

CIF INDIVIDUAL APPLICATION (PLEASE PRINT OR TYPE)



Name _____

Address _____ Telephone Number _____

City _____ State _____ Zip _____

Email _____

Do you live inside the city limits? Yes No If not, please list the county you live in? _____

ETHNIC STATUS (OPTIONAL:)

- HISPANIC
- AFRICAN AMERICAN
- ASIAN-AMERICAN
- AMERICAN INDIAN
- CAUCASIAN

() PLEASE CHECK THE APPROPRIATE BOX:

- I am a **person** with a developmental disability.
- I am a **parent** of a child with a developmental disability
- I am the **guardian** for a person with a developmental disability
- My **family member** is an adult with a developmental disability
- Other

WHAT CONFERENCE/EVENT ARE YOU SEEKING FUNDS TO ATTEND?

You must attach to this application any printed information on the event that clearly explains what you want to attend, such as the agenda, brochure, and/or flyer).

Date of Conference/Event _____ Location of Event/Activity _____
 # of People using CIF Funds _____

PLEASE INDICATE FUNDS BELOW:

HOW MUCH YOU CAN PAY(YOUR FUNDS)? HOW MUCH FUNDED BY OTHERS (OTHER AGENCIES?)	YOUR FUNDS	FUNDS FROM OTHER AGENCIES	FUNDS FROM ACDD CIF
REGISTRATION			
PERSONAL ASSISTANCE			
HOTEL/LODGING			
MILEAGE			
CHILD/RESPITE CARE			
AIR OR BUS FARE			
MEALS			
OTHER (please list _____)			
TOTAL			

How Can I Help????



Exhibit

\$200.00

Non-Profits

\$400.00

For Profit

Ads: \$100.00 Half Page

\$200.00 Full Page

Nominate a 2017 AL-APSE Award
Winner!!!

Nomination Form:

www.al-apse.org

Awards Banquet: June 29, 2017

All American 2017 Sponsor:

\$1,500.00

Exhibit

Full Page Ad

Conference Registration

Conference Recognition

Donate Auction Items:

Valued at a minimum of \$100.00

Baskets, Vacations, Hotel Stays,

**Electronics, Jewelry, etc. To request
donation application please email:**

alabamaapse@aol.com

**All Donors Receive Recognition at
Auction!!!!**

Co-sponsors for the 2017 Alabama APSE Conference are pending! You are encouraged to make your hotel reservations early as hotel room block fills up quickly!

For those requesting conference sponsorship, please mail your registration form along with CIF application to AL-APSE, PO Box 240691, Montgomery, AL 36124!

Selected applications will be notified by May 30, 2017!

Exhibit/Sponsorship Form

Name: _____

Email Address: _____

Name of Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

_____ Non Profit Exhibit: \$200.00

_____ For Profit Exhibit: \$400.00

_____ All American Sponsor \$1,500.00 (Includes exhibit, full page ad, conference registration, conference recognition! (Must submit ad by May 1, 2017)

_____ Half Page Ad: \$100.00 _____ Full Page Ad: \$200.00

Ads due by May 1, 2017

Person(s) Manning Exhibit Booth: _____

Make Checks Payable to Alabama APSE & mail to

AL-APSE, PO Box 240691, Montgomery, AL 36124

Email questions to: alabamaapse@aol.com or helen.baker@rehab.alabama.gov

To Register Electronically:

<http://events.constantcontact.com/register/event?llr=eq8in9eab&oeidk=a07edrmvfjx4bc07113>

If hotel accommodations are needed please see page 2 to reserve your room!