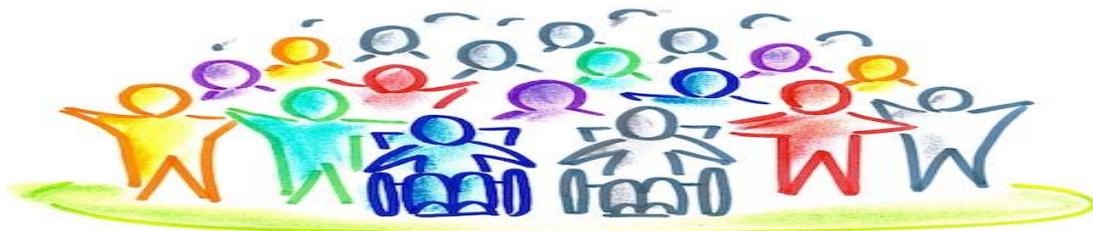




## **“One Dream, One Team: Imperial Valley People First”**



### **Imperial Valley’s 27<sup>th</sup> Annual People First Conference**

## **Join the Self-Advocacy Movement!!!**

- Who:** Self-Advocates and Allies  
**What:** Imperial Valley People First Self-Advocacy Conference  
**When:** Saturday, March 16, 2019  
**Where:** Strike Zone Bowling Alley, 950 N. Imperial Ave., El Centro  
**Why:** Join or Reconnect with the Self-Advocacy Movement  
& Have Fun!

#### **Schedule**

12:30 pm	Registration Opens
12:30 – 1:00 pm	Pre-Conference Activities and Refreshments
1:00 – 1:45 pm	Opening Session: Welcome and Keynote Address
2:00 – 3:45 pm	Workshops
4:00 – 6:00 pm	Free Time Activities
6:00 – 10:00 pm	Banquet Dinner and Dance

- HIGHLIGHTS:**
- ◆ Workshops focusing on Health and Wellness
  - ◆ Bowling
  - ◆ A **SPORTS** themed Dinner Banquet and Dance
  - ◆ Souvenir T-Shirt for Each Conference Attendee

#### **Sponsors:**





**27<sup>th</sup> ANNUAL IMPERIAL VALLEY PEOPLE FIRST CONFERENCE  
MARCH 16, 2019  
STRIKE ZONE BOWLING ALLEY**

**CONFERENCE REGISTRATION FORM-PLEASE COMPLETE**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_

**YOUR AGENCY, WORKPLACE, OR DAY PROGRAM:** \_\_\_\_\_

**Please circle all that apply**

Wheelchair User?    Yes            No

Who Are You?      Consumer      Parent      Attendant      Professional      Other

Language Preferred:    English      Spanish      Other (please specify) \_\_\_\_\_

T-Shirt Size:      XXL      XL      LG      MED

Shoe Size (for bowling): \_\_\_\_\_

List any special needs or assistance (including transportation) required: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Registration Fee: \$25.00 per person**

(Includes conference workshops, materials, bowling, dinner dance and a souvenir T-shirt.)

Make checks payable to:  
**ARC Imperial Valley/ People First**

Return check and completed form to:  
**ARC Imperial Valley  
P.O. Box 1828  
El Centro, CA 92244**

**FORMS AND PAYMENT ARE DUE BY Thursday, February 28, 2019.**

A confirmation letter will be sent to you.

**(NO REFUNDS AFTER February 28)**

**Questions?** Call Salome at (760) 352-2236.



# CONFERENCE REGISTRATION FORM- SIDE B

## Participant Medical and Support Needs

The goal of the Conference Planning Committee is for everyone attending this year's conference to have a positive, educational, and safe experience. In the event of an emergency, the conference registration desk will maintain a copy of this information.

**All supervision, medical, and personal care needs are the responsibility of each conference participant. A support person must accompany individuals needing special assistance or supervision.** *Please remember that all support people are required to pay registration fees.* Thank you for your understanding and cooperation.

**CONFERENCE PARTICIPANT:** \_\_\_\_\_

**EMERGENCY CONTACT (not attending the conference):** \_\_\_\_\_

**DAYTIME PHONE: (\_\_\_\_\_)\_\_\_\_\_** **EVENING PHONE:(\_\_\_\_\_)\_\_\_\_\_**

1. Do you have any medical or support needs, which will require the assistance of a support person? *Circle One: Yes (If yes, please answer questions 2-5 below)*  
*No (If no, you do not need to complete the remainder of these questions)*
2. Please list the name(s) of your support person(s) at the conference:
3. Please note below, or attach a separate list, any medications you take *(include type, dosage, amount and purpose):*
4. Do you have seizures? *Circle One: Yes No (If yes, please describe the type of seizures, frequency, any intervention which should be done immediately after a seizure, and whether you have ever required hospitalization for a seizure):*
5. List any other medical issues which might require assistance from your support person:

## Photo Release Form

The undersigned hereby authorizes San Diego-Imperial Counties Developmental Services, Inc. /Office of the State Council on Developmental Disabilities to photograph or permit persons to photograph

\_\_\_\_\_ and agrees that they may permit us or other persons to use  
(Name of Participant)

the negatives, electronic images or prints gathered from this event for teaching purposes, or educational publications.

Client/Conservator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_