



People First of Cuyahoga County Regional Conference
June 6th and 7th 2008
Registration/Scholarship Request Form

Name: _____
(People First member, staff or family/friend) Circle One

Address: _____

City: _____ State: OH Zip Code: _____

Phone: () _____

Payment: _____ Self-pay _____ Scholarship

Roommate _____
(You will be asked to share hotel room)

Accessible Room Needed? *YES* _____ or *NO* _____

Number of Days Attending: One Day _____ Two Days _____

Scholarship Request - Please indicate amount with (X): _____ (Registration \$50.00) _____ (Hotel & Registration \$160.00) for residents of Cuyahoga County only

Self-Pay – Contact Maria Woollard to make arrangements for payment at 216-622-0755 ext. 13.

(Social Security number required)

_____ - _____ - _____

Signature *(People First Member, staff or family/friend)*

IF STAFF, FAMILY OR FRIEND: Indicate self advocate you will attend with **ALONG** with documentation outlining the needs of the self advocate and why they require assistance.

Requests approved will be paid directly to Sheraton Independence Hotel

Please indicate with (X) who this request is for:

____ Self Advocate ____ Support Staff ____ Family/Friend ____ Travel Provider ____ Other ____

DEADLINE FOR REQUEST: May 15th, 2008

Mail request to: Center for Mental Retardation
1331 Euclid Ave. Cleveland, OH 44115
Questions: 216-622-0755 extension 18

- Copy of registration approval will be mailed to People First member, staff or family/friend as indicated. This stipend is for self-advocates to attend the June 2008 People First Regional Conference only.