



**2017 Wisconsin
Self-Determination Conference:**
Self-Determination in Full Color
Celebrating You... Mind, Body and Spirit
November 1 - 3, 2017
Kalahari Resort, Wisconsin Dells, WI



2017 Self-Determination Conference Scholarship Request

Fees (If your scholarship is not approved, your fees will be returned.)

☐ **Adult Consumer Scholarship \$25.00** \$_____

For individuals with disabilities over the age of 18.

☐ **Student Plus One Scholarship \$50.00 (\$25 each)** \$_____

For students with disabilities between the ages of 14 and 21 (student must still be in school and have an IEP) and **ONE** adult to attend with the student. Adult will share a sleeping room with the student.

TOTAL \$_____

Person Requesting Scholarship

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Email: _____ **Phone #:** () _____

Are you a person with a disability using Long-Term Care Supports? ☐ Yes ☐ No

Are you currently enrolled in Family Care, IRIS, or CIP/COP? ☐ Yes ☐ No

Are you currently a student with an IEP? ☐ Yes ☐ No

Person Attending with Student

First Name: _____ **Last Name:** _____

Email: _____ **Phone #:** () _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Conference Events (FREE but you must register)

If this is your first time at the conference, join us for a special session to help you make the most of your experience and get the inside track!

I will attend the First Time Conference Experience on Nov 1 from 3 to 4:30 pm ☐ Yes ☐ No

The Mind, Body and Spirit Wellness Fair is an interactive evening of health and wellness information to help you be a better you! There will be informational booths, hands on activities, screenings and a healthy yet tasty meal.

I will attend the Wellness Fair on Nov 1 from 5 to 8 pm (light meal included). ☐ Yes ☐ No

Conference Accommodations

Conference Center is wheelchair accessible

Meal Choice for Consumer:

- ☐ Regular
☐ Vegetarian
☐ Gluten Free
☐ Other: _____

Meal Choice for Parent/School (if applicable):

- ☐ Regular
☐ Vegetarian
☐ Gluten Free
☐ Other: _____

Conference Accommodations

- ☐ None
☐ Large Print
☐ Sign Language Interpreter
☐ Braille

Other Conference Accommodations (please specify):

Lodging

Reservations will be made for you. **DO NOT** contact the hotel yourself.

I am requesting a scholarship for lodging. ☐ Yes ☐ No

Which nights will you need lodging? ☐ Wed, Nov 1 ☐ Thurs, Nov 2 ☐ Both nights

Will you be sharing a room with another conference attendee? If so, please provide their name in the shaded box below.

- | | |
|----|----|
| 1. | 2. |
| 3. | |

Anyone listed in the shaded box **must** complete a separate registration.

Lodging Accommodations

If requesting lodging, please check the specific room accessibility accommodations you will need.

- ☐ Regular room (I do not need special accommodations)
☐ Wheelchair accessible (*All wheelchair accessible rooms have grab bars.*)
☐ Roll in shower ☐ Tub with shower chair
☐ Other (must describe): _____

There are a limited number of accessible rooms available and will be assigned on a first come, first serve basis. If all accessible rooms are full, you may either choose a regular room at the Kalahari, or we can reserve an accessible room at another hotel (at our cost).

Payment Information

Paying by Check

Make checks payable to: InControl Wisconsin

Mail this form and payment to: InControl Wisconsin
2935 S. Fish Hatchery Road, Ste 233
Madison, WI 53711

Paying by Credit Card

Name on Credit Card: _____ **Type of Card (Visa, Am Ex):** _____
Credit Card Number: _____ **Exp Date (mo/year):** ____/____
Signature: _____ **Date:** _____

What is Your Race/Ethnicity (optional)?

Providing this information will help us better ensure we are growing our capacity to engage diverse communities and will not be used for any other purposes.

- | | | |
|--|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Black | <input type="checkbox"/> Asian | <input type="checkbox"/> Race Unknown |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Pacific Islander | |

Conference Participation

- ☒ As a scholarship recipient, I understand it is my responsibility to make sure I am fully participating in conference activities, attending all sessions and events, and following hotel rules.
- ☒ I understand scholarships will not be approved for anyone having outstanding balances from past conferences.
- ☒ I understand if for some reason I am not able to attend the conference, I must provide 48 hours' notice of cancelation. Conference fees are non-refundable.
- ☒ I understand pictures may be taken during the conference and may be used for publicity and/or other media for future events.

I have read the above statement and agree. Signature: _____

Additional Information/Questions

DEADLINE: All scholarship requests and payments must be postmarked by **September 15, 2017.**

There are a limited number of scholarships available and they are determined on a first come, first serve basis. We will try to approve as many requests as possible but we may run out before the deadline.

CONFIRMATION: Confirmations will be sent by email or phone within two weeks of applying. We reserve the right to decline a scholarship request based on past participation (e.g., non-payment of processing fee, not attending sessions, etc.).

QUESTIONS Please contact Michelle Roach at 920-723-5571 or email at selfdetermined@incontrolwisconsin.org.