



2018 Wisconsin Self-Determination Conference

**SELF-DETERMINATION:
WHAT'S YOUR SUPERPOWER?**

October 29-31, 2018
Kalahari Resort, Wisconsin Dells, WI



2018 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.

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? No Yes

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

Are you currently a student with an IEP? No Yes

Person Attending with Student (Plus One)

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

Address: _____

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

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

Conference Events

Pre-conference sessions are on October 29th from 1-4 PM. Registration is required. All pre-conference sessions are at no additional fee, but you must register.

Please check which pre-conference session you would like to attend:

- | | |
|---|---|
| <input type="checkbox"/> Future Planning: Do you have the power to predict the future? If not learn how to plan for it. | <input type="checkbox"/> Supported Decision-Making: Keeping individuals in charge of their lives. |
| <input type="checkbox"/> Employment: You have the power to manage your life and your work. | <input type="checkbox"/> Self-Advocate's Poster Session: Prepare a poster to display at the kick-off event. |

I will not attend a pre-conference session

KICK-OFF EVENT: I will attend Yes No

Self-Determination on Display, 5-8 PM (This event is free, but you must register. Light meal provided)

Conference Accommodations Conference Center is wheelchair accessible

Meal Choice for Consumer

- Regular
 Vegetarian
 Gluten Free
 Other: _____

Meal Choice for Plus One (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? Mon, Oct 29 Tues, Oct 30 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.

- White Hispanic/Latino Two or more races
- Black Asian Race Unknown
- American Indian/Alaska Native Pacific Islander

Conference Participation (Please check all that apply)

- Yes** **No** This is my first time attending the Self-Determination Conference.
- 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. If you do not want to be photographed, please let someone know when you arrive at the conference.

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

Additional Information/Questions

DEADLINE: Scholarship will be accepted until **September 7, 2018** or until funds run out.

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, non-participation, etc.).

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

FOR OFFICE USE ONLY

PAID _____

TYPE _____