Cost & Registration

Jun 18, 2020 - 9:00 a.m. to 3:30 p.m.

Registration Fees for Participants are:

Arc/FSN/Ligas Members:

Self-Advocate/Family Member……... $ 0
Professional…………………………...$100.00
*Vendors ……………………………..$160.00

Non Arc/FSN/Ligas Members:

Self-Advocate/Family Member……... $ 0
Professional…………………………...$130.00
*Vendors ……………………………..$195.00

*Vendors - Please call Shirley at 708-331-7370.

Professionals and Vendors, please complete the attached registration form, fax it to 815-464-5292, then mail the hard copy along with your check to:

The Arc of Illinois
9980 190th St., Suite C
Mokena, IL 60448
815-464-1832

FAMILIES AND SELF-ADVOCATES

THIS IS A FREE EVENT for Families and individuals with disabilities. However, registration is required. Families only please register by sending an email to Shakari@thearcofil.org or calling 708-331-7370 or register online at www.thearcofil.org/events!

CEUs will be offered for this training.
Licensed Social Workers, Licensed Nursing Home Administrators and QIDP's signing in and out on the day of the event are entitled to five (5) credits.

CANCELLATIONS & REFUNDS Participants canceling their registration 72 hours in advance will be entitled to a credit or refund, less a $50.00 administrative cost. No refund or credit will be given for cancellation less than 72 hours before the seminar.

LOCATION

Your home! This event is virtual - The Arc of Illinois will send you the link upon registration

Registration Form

"8th Annual Informational Seminar"

June 18, 2020

3372

One form per person, please print legibly. Your name will appear on your name tag as it appears on this form.

Name: ______________________

Job Title: ______________________

Agency/Vendor: ______________________

Address: ______________________

City: ______________________

State: __________ Zip: __________

Phone: ______________________

E-mail: ______________________

AMOUNT PAYABLE: ______________

METHOD OF PAYMENT:

____ Fax form and send check to The Arc of Illinois (815-464-5292)

____ Check enclosed payable to The Arc of Illinois

____ Charge to my Credit Card

Name as it appears on credit card:

____

Card Number: ______________________

Expiration Date: ______________________

CVV Code: __________ **Billing Zip Code:** __________

Card holder's signature:

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Dietary Requests:

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