

# SPEAK UP AND SPEAK OUT summit

Funded by the Illinois Council on  
Developmental Disabilities

## October 19 - 21, 2022 Summit Registration

## My Choice, Our Voice!

Registration  
\$50.00  
for both  
days!

★ Please read this carefully. ★  
This year's SUSO Summit will be  
**HYBRID - ONLY 300 in person, the  
rest VIRTUALLY, using Zoom Webinar**

Registration  
is  
Limited!  
Sign Up  
Today!

\$50 Summit Registration fee is required for all attendees, including personal support workers. Financial assistance for registration fee is available. (Please see Form 3.)

### To Attend SUSO in Springfield, IL:

- Submit Registration Form and \$50 payment, or complete the Financial Assistance Request (Form 3).
- Do not reserve a hotel room or book transportation until you receive a confirmation phone call.
- T-Shirts will be given during check-in.
- Groups from one agency have a limit of 10 total individuals to attend in-person, including support staff.
- We will follow CDC and IDPH Guidelines and share more information closer to the event.

### To Attend SUSO Virtually:

- Submit Registration Form and \$50 payment, or complete the Financial Assistance Request (Form 3).
- **T-SHIRT DEADLINE:** In order to mail our your t-shirt in time for SUSO, please register by September 16, 2022.  
After this date, we cannot guarantee you will receive your t-shirt by the start of SUSO.
- Make sure correct email address is listed on your registration form to receive the Zoom link.
- T-Shirts will be mailed to the address on your registration form.

Attending this event gives permission for your photo or video to be in brochures, websites, etc. If you do not want your picture taken and published, please contact Becca Schroeder at 815-464-1832 extension 1018.

For more information about the Summit, call 815-464-1832 or e-mail [becca@thearcofil.org](mailto:becca@thearcofil.org)



Summit Registration - Form 1 (\$50/Person)

Your address is where the t-shirt will be shipped unless otherwise noted. If we can send a group of shirts to one agency location, please let us know.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Agency or Affiliate: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 9 digit Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Illinois Senate District \_\_\_\_\_ Illinois House District: \_\_\_\_\_

Email (required to receive Zoom link): \_\_\_\_\_

Circle or Check T-Shirt Size  Small  Medium  Large  X-Large  2X  3X  Other: \_\_\_\_\_

Will you be attending  in-person or  virtually?

Will you be attending with a support person or PSW? Yes No
If yes, please provide their name, contact information and T-Shirt size below:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Agency or Affiliate: \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 9 digit Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please mail, fax or email your registration form along with payment to: The Arc of Illinois 9980 190th Street, Suite C, Mokena, IL 60448, fax to 815.464.5292, or email to becca@thearcofil.org

Hotel Registration Information

Everyone attending the Summit in Springfield and needing a hotel room must make their own reservations and inform the hotel of any special accommodations. Do not reserve a hotel room or book transportation until you receive a confirmation phone call.

The special hotel rate is \$135.66 including tax per night. Double rate is \$135.66 including tax per night (\$67.83 per person). (\$11.40 including tax for each additional person in room per night)

Wait until you receive registration confirmation to book your room. The Arc of Illinois will share the special rate code and any additional information to book your room. There are a limited number of accessible rooms. If you need an accessible room, please contact Becca Schroeder directly at 815-464-1832 or becca@thearcofil.org to make a reservation for an accessible room at the hotel.

I would like to share this exciting experience with a friend. I will share my room with:

\_\_\_\_\_

I understand I must let the hotel know who I will room with when I make my reservation.

## Accommodation Request - Form 2

We would like to accommodate as many individuals as possible during the 2022 Speak Up Speak Out Summit. **Please note that you are not limited to the items listed below. The deadline for all accommodation submissions is September 23, 2022. If you have questions or would like to speak with someone about your accommodation requests, you can call Becca at 815-464-1832 extension 1018 or email at [becca@thearcofil.org](mailto:becca@thearcofil.org).**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Check all that apply:**

Do you need a sign language interpreter?  Or  Captioning/CART

Do you need captioning in another language? If yes, what language? \_\_\_\_\_

Do you need Braille?  Large Print  CD  Other

**In person Only:**

Do you have any dietary restrictions?

If yes, please list your dietary requests: \_\_\_\_\_

Assistive Listening Device  Shower Chair

Do you need a Nurse to administer medication or other accommodations?

Will you need assistance from a PSW during the regular hours of the conference?

**PSWs will be onsite and available during the regular hours of the conference ONLY.**

**Will you need an accessible room? If you do, please call Becca at 815-464-1832.**

Your PSW/Staff emergency (24 hour) phone number: \_\_\_\_\_

**(This is important for questions on medication or other support needs.)**

**If you have checked any of the above, please list your specific need and provide a detailed explanation below. If you need medication administered by an RN, please provide the specific times you need to take the medication. If you need more room, use the back of this page or separate sheet.**


## Financial Assistance Request - Form 3

If financial restrictions prevent you from paying your registration fee, please complete the information below to apply for a Summit Stipend, funded through the Illinois Council on Developmental Disabilities and administered by The Arc of Illinois. **Send both the registration (Form 1) and the Financial Assistance (Form 3) to The Arc of Illinois Attn: Becca Schroeder, 9980 190th Street, Suite C, Mokena, IL 60448 or fax to 815-464-5292 or email to [becca@thearcofil.org](mailto:becca@thearcofil.org). Questions, call 815-464-1832.**

### Who can apply?

Illinois residents who are:

- A person with a developmental disability;
- A parent of a person with a developmental disability;
- An immediate family member of a person with a developmental disability; or
- A guardian/foster parent of a person with a developmental disability.

### How much can I apply for?

**\$200 per Person Maximum**  
**\$400 per Family Maximum**

This stipend is intended to assist you with the costs associated with the Summit and **is not intended to cover all the costs**. A portion of the cost is the responsibility of the participant.

### Fill in the blanks that apply:

I am a person with a developmental disability. **Name:** \_\_\_\_\_  
My disability is: \_\_\_\_\_

My family member (**circle one: son, daughter, other**) is a person with a developmental disability.

**Family Member Name:** \_\_\_\_\_  
Their disability is: \_\_\_\_\_

### Enter amount of financial assistance needed for:

Registration \$ \_\_\_\_\_  
Hotel \$ \_\_\_\_\_  
Transportation \$ \_\_\_\_\_  
PA Registration \$ \_\_\_\_\_  
**TOTAL:** \$ \_\_\_\_\_

You may still apply for a stipend from the Summit even if you have previously received stipends through the ICDD Consumer Stipend Program. These stipends will not be counted against any future stipend requests through the Consumer Stipend Program.

This stipend is intended to assist you with the costs associated with the Summit and is not intended to cover all the costs. **A portion of the cost is your responsibility.** When your request for assistance is approved, the stipend registration cost will be directly paid to The Arc of Illinois and the stipend share of the hotel cost will be directly paid to the Hotel. **However, you must make your own room reservations. When your stipend request for a hotel room is approved, you will be given a special code you need when making your room reservation to be paid with the stipend funds.**

The following statement must be signed to validate this request: I am requesting assistance from The Arc of Illinois, through funding from the Illinois Council on Developmental Disabilities, to attend this Summit that I would be unable to attend without this support. I promise to use the funds for the stated purposes.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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9980 190th Street, Suite C  
Mokena, IL 60448

**October  
19 21,  
2022**



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## **Speak Up and Speak Out Summit**

### **October 19 - 21, 2022**

Be a part of the buzz at  
**#2022SUSO**

# **My Choice, Our Voice!**



There will be FUN  
Sessions as well as learning sessions!

**In order to receive your  
t-shirt, we must have your  
registration form by September 16,  
2022 and remember to have your  
size on the form!**



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