

**B/VI SERVICES CONFERENCE 2008
REGISTRATION FORM**

**“IT’S GOOD BUSINESS:
POSITIVE EMPLOYMENT PRACTICES FOR VR”**

Guest Presenters:

Peggy Anderson – Alabama Department of Rehabilitation Services
Employer Development Coordinator

Craig Respass – North Carolina Division of Services for the Blind
Employment Services Director

Hosted by:

Region 1 RCEP
Assumption College
500 Salisbury Street
Worcester, MA 01609
www.RCEP1.org

NERCEP
Institute for Community Inclusion
University of Massachusetts
100 Morrissey Blvd.
Boston, MA 02125
www.NERCEP.org

OPEN TO: VR, IL, CAP, and CRP Staff

DATES: Wednesday, April 30th and Thursday, May 1st, 2008

LOCATION: Holiday Inn by the Bay
88 Spring Street
Portland, ME 04101
www.innbythebay.com
Toll Free: 1 (800) 345 – 5050

REGISTRATION DEADLINE: *Friday, April 11th, 2008*

B/VI SERVICES CONFERENCE 2008
Registration Form

PARTICIPANT INFORMATION:

Name: _____

Title: _____

Agency/Organization Name: _____

Agency/Organization Address: _____

City: _____ State: _____

Zip: _____

Phone: _____ Fax: _____

E-mail: _____

**CRC and CEU credit will be given for conference attendance.*

Program Accessibility/Accommodation

Please describe any accommodations that you will need:

Supervisor Approval (if needed):

LODGING: HOLIDAY INN BY THE BAY

Lodging will be provided free of charge for all participants from VR, IL, CAP, and CRP agency staff based on double occupancy for the night of Wednesday, April 30th, 2008. Please indicate below the name of the person that you would like to room with for the conference or one will be assigned to you. If you prefer to reserve a single room, please indicate this below and add \$50.⁰⁰ per evening to your registration fee to cover the cost. Also, those people who are traveling **150+ miles each way** are eligible to stay Tuesday, April 29th, 2008. **All lodging is non-smoking.*

I would like to have accommodations made for me for:

_____ Wednesday, April 30th, 2008 – double occupancy room

_____ Wednesday, April 30th, 2008 – single occupancy room (+\$50)

I am traveling a distance **greater than 150 miles** to attend this conference and would like to book a room for:

_____ Tuesday, April 29th, 2008 – double occupancy room

_____ Tuesday, April 29th, 2008 – single occupancy room (+\$50)

If you have a roommate preference, please indicate that below:

FEES

The registration fee to attend the conference for two days is \$150.⁰⁰. Checks should be made payable to Assumption College. The fee includes a continental breakfast, lunch each day and dinner on the evening of Wednesday, April 30, 2008, as well as lodging (double occupancy). A day rate of \$50.00 is also available, however, lodging and the dinner is not included in a day rate. Contact your agency training department regarding their policy for training reimbursement/payment. **No form will be processed without the appropriate arrangement for payment.** Please indicate below how you will be making your payment.

_____ \$150.⁰⁰ registration fee for two days
_____ \$50.⁰⁰ registration fee for April 30, 2008 only
_____ \$50.⁰⁰ registration fee for May 1, 2008 only
_____ \$50.⁰⁰ single occupancy room charge for Wed., 4-30-08
_____ \$50.⁰⁰ single occupancy room charge for Tues., 4-29-08
_____ **TOTAL** amount due

Payment Type:

_____ Personal Check
_____ Agency Purchase Order (to be sent by agency)
_____ Agency Check (to be sent by agency)

CANCELLATION POLICY:

In the event that you are not able to attend, please notify Shelby Looney at the address listed below. A full refund of your registration fee will be given if you cancel prior to Friday, April 18, 2008. After that date, no refunds will be given.

REGISTRATION DEADLINE: *Friday, April 11, 2008*

Please download this form to complete. Please return completed registration forms and fees, payable to Assumption College, by ***Friday, April 11, 2008*** to:

Shelby Looney
Assumption College
Region 1 RCEP
500 Salisbury Street
Worcester, MA 01609

Phone: (508) 767 – 7371
Dedicated Fax: (480) 287 – 9668
slooney@assumption.edu

A **confirmation letter** will be sent to you upon receipt of your completed registration form (including payment arrangements) with directions to the Holiday Inn by the Bay.

Please feel free to contact Shelby Looney with any questions.

For Office Use Only _____

Registration Received: _____
Roommate: _____
Payment Type: _____
Check Number: _____
Amount: _____
Deposited: _____
Confirmation Letter Sent: _____