



Easter Seals Family Support Navigation Academy

November 12-13, 2010

Westin Detroit Metropolitan Airport Hotel
Detroit, Michigan

Easter Seals Family Support Navigator Academy is a 2-day training conference for parents of children with disabilities, self advocates, and the professionals who support them. Family Support Navigation teaches family members how to discover, access, and use their local services and supports to strengthen their families. The Academy is designed to train participants in the philosophy, ethics and skills needed to implement a family-centered, empowerment model of support. At the end of the Academy, participants create action plans that they will implement back in their home communities.

Attendees are responsible for their own travel and hotel expenses. A limited number of stipends are available for parents and self advocates, on a first-come basis, to help cover out-of-pocket expenses for participating in the Academy. There is no fee to attend the Academy, although registration is required. Lunch will be provided both days.

Please complete the information below to register for the Academy and to apply for a stipend.

REGISTRANT PROFILE

First Name _____ Last Name _____

Title (if applicable) _____

Organization (if applicable) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

I will have a Personal Attendant with me. Please provide their name here:

REGISTRATION CATEGORY

- Parent of a child with a disability Self Advocate Presenter/Speaker
 Easter Seals Family Support Project Partner Representative [e.g., The Arc, AUCD, Wayne State University, AED, NDRN, NACDD] Other Agency Representative

ACCESSIBILITY NEEDS: Please indicate any accommodations you or your Attendant (if applicable) may need at the Academy.

No Accommodations Needed Wheelchair Access Sign Language Interpreter

Assistive Listening Device Large Print

Other Accommodations Needed (Be specific): _____

Accommodations Needed by Attendant (Be specific): _____

Meals: Please indicate any dietary meal modification you or your personal attendant (if applicable) may need. Please note: There will be a \$70.00 charge for Personal Attendant meals.

No Dietary Meal Needed Dietary Meal Needed (Be specific): _____

Dietary Meal for Attendant (Be specific): _____

Registration Deadline

Return your completed Registration Form to Charmaine Saffore by **Friday, November 5, 2010**.

By Mail: Easter Seals, 233 South Wacker Drive, Suite 2400, Chicago, IL 60606

By Fax: 312.726.1494

By Email: csaffore@easterseals.com

Lodging

A small block of sleeping rooms will be available at the Westin Detroit Metropolitan Airport hotel (inside McNamara Terminal), 2501 Worldgateway Place, Detroit MI for \$99/night plus tax. Reservation information will be sent with your conference confirmation. Please indicate your need for lodging below.

No, I don't need a hotel room Yes, I will need a room (Thurs. ____ Fri. ____)

Application for Stipend
(Parents and Self Advocates Only)

I am applying for a stipend of up to \$500.00 to help cover the cost of my attendance at the Easter Seals Family Support Navigation Academy. If you will have a Personal Attendant, we will deduct the cost of his/her meals from your stipend.

Amount requested: _____.

If selected, I would use the funds to:

I certify that I am a parent of a child with a disability or self-advocate, and acknowledge that I must submit receipts to Easter Seals within 30 days following the Academy in order to be reimbursed. In addition, I acknowledge that I will not receive the stipend if I do not attend the Academy.

Signature

Date