**The 23rd Annual National Conference on Rural Independent Living**

**“Indivisible with Liberty and Justice for ALL”**

**October 20-23, 2017**

**Davenport Grand Hotel**

**Spokane, WA**

**REGISTRATION FORM**

**Please type or print clearly. Each registrant must complete a separate form. Copy form as needed.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | |  | **Phone** |  |
|  | (to appear on name tag) | |  |  |  |
| **Organization** | |  |  | **FAX** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Address** |  |  | **E-Mail** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **City** |  |  | **State** |  |  | **Zip** |  |

**PLEASE REVIEW THE FOLLOWING AND CHECK ALL THAT APPLY:**

**Check here if you plan to attend October 20th  APRIL Pre-Conference-TBD**

**Youth Conference: “Teamwork Makes the Dream Work”**

**PLEASE!** Check all meals you will be joining us for: **(The following meals are included in the Registration Fee)**

Friday Welcome Reception  Saturday Luncheon Sunday Banquet  Monday Breakfast

Dietary Restriction Please provide details:

Spouse/PA (must purchase meal ticket)

**Please check all alternate format/other meeting accommodations you need.**

CHECK HERE IF YOU REQUIRE AN ACCESSIBLE SLEEPING ROOM. (You must make your own reservations.)

Braille  CART  Electronic Format  Sign Language Interpreter

Other

**2017 CONFERENCE FEE SCHEDULE**

**APRIL Members NON APRIL Members**

Early Bird (by August 19) $250.00 Early Bird (by August 19) $350.00

Regular Registration (by September 23) $300.00 Regular Registration (by September 23) $400.00

Late Registration (after September 23) $350.00 Late Registration (after September 23) $450.00

\*You may join in conjunction with the conference and get Member rates immediately!!

**AMOUNT ENCLOSED**

**Conference Fee** from above **$**

**Spouse/Attendant Meal Ticket $150.00** per person **$**

**Pre-Conference $50.00** per person **$**

**Youth Conference $100.00** per person **$**

**TOTAL PAYMENT ENCLOSED $**

Check here if you need a receipt/confirmation sent to you prior to the conference.

Check here if you would like information about youth scholarship information to assist with youth cost.

**MAIL THIS FORM WITH PAYMENT MADE OUT TO “APRIL” TO: APRIL**

11324 Arcarde Dr., Suite 9

Little Rock, AR 72212

Attn: Elissa Ellis, Director of Operations

501-753-3406 FAX / [april-elissa@sbcglobal.net](mailto:april-elissa@sbcglobal.net)

ATTN: PHOTO RELEASE

\*Signing below gives APRIL permission to use photos taken at conference in distribution materials related to APRIL.

Name: Date:

\*\*\* Certificate of Attendance: Email Elissa at address above and one will be sent to you **AFTER** the conference\*\*\*