Lady Justice Speaks:
Let’s Make It Happen!
Disability Rights are Civil Rights

2018 SABE National Self-Advocacy Conference
www.sabeconference.org

Thursday, June 7th, 2018 – Saturday, June 9, 2018
Birmingham Jefferson Civic Center
Birmingham, Alabama

REGISTRATION/MEMBERSHIP FEES: Registration includes: T-shirt, Conference Bag, SABE individual membership, Kick-Off party, Breakfast, Lunch and Dinner on Friday and Saturday, and Snacks on Friday and Saturday

Rates for Conference:

- Early Bird Registration until 2/28/18 - $375
- Registration March 1-April 15- $425
- Late Registration after April 15, 2018-$475 -(T-Shirts May not be available in your size if registration occurs after this date)
- On-Site Registration -$550 (T shirt will not be included)
- One Day please indicate $250 (T shirt will not be included
- Personal Attendant Registration - $325
PAYMENT METHOD:
You can pay by check, money order, purchase order or credit card (VISA, MasterCard, American Express or Discover).

CONFERENCE CANCELLATION POLICY:

You may cancel your registration by email request through April 15, 2018 although you will be charged a $75 service fee. From April 16-May 15 only 50% of the registration fee will be refunded. **After May 15, 2018, NO refunds will be given.** If you cannot attend the conference for which you have registered, you may transfer your registration to another person at any time.

You may substitute someone for your registration is this is done prior to May 15, 2018.

If you have questions about registration please contact: Beverly AlDeen: sabeconference@gmail.com or 706-542-1290.

**Step 1:**
Please follow link to complete SABE Membership Application
https://www.surveymonkey.com/r/LKJ2DR9
**T-SHIRT** The conference t-shirts are Unisex style and will be short sleeve, black with full color logo on front.

___ Small       ___ Medium       ___ Large       ___ Extra Large (1X)

___ 2XL         ___ 3XL         ___ 4XL ___5X

**CONFERENCE PHOTOGRAPHY:**

I understand that conference photographers will be taking photos during the conference that may be used in non-commercial efforts to promote disability rights and human rights.

___ YES – I am granting permission to use my image along with my name in printed and electronic forms of communications.

___ NO – I do not want my image used in any form of printed or electronic communications.

**GENERAL QUESTIONS:**

How are you connected to the self-advocacy movement?

*Please check ALL that apply.*

___ Self-Advocate
___ Family member of a person with a disability
___ Professional in the disability field (includes PCA/direct care worker)

How did you hear about this 2018 SABE National Conference?

___ Website
___ Email Blast
___ Friend or Colleague
___ Conference Brochure
___ Flyer/Postcard
___ Social Networks: Website (Facebook, Twitter, etc.)
Please check ALL that apply.

What types of Bathroom accommodations do you need?
- ___ None
- ___ Shower Seat
- ___ Transfer Bench
- ___ Roll-In Shower
- ___ Grab Bars
- ___ Lower Shower Head
- ___ Commode/Elevated Toilet Seat
- ___ Other ______________________

What types of accommodations do you need for your bed?
- ___ None
- ___ Hoyer Lift (if needed we will provide you with a list of vendors for rental)

MOBILITY

Please check:
- ___ None
- ___ Walker
- ___ Scooter
- ___ Motorized Wheelchair
- ___ Manual Wheelchair
- ___ Other
- ___ Scooter (if needed we will provide you with a list of vendors for rental)

VISUAL/AUDIO ACCOMMODATIONS:

- What types of Visual/Audio accommodations do you need?
PAYMENT AMOUNT:

Please add up the following to come up with the amount you owe:

Registration Fee: $ ____________

Total Amount Due: $ ____________

PAYMENT METHOD:

You can pay by check, money order, purchase order or credit card (VISA, MasterCard, American Express or Discover).

___ Check or Money Order  Check # or Money Order #: ______

___ Purchase Order  PO #: ______

Special Code Groups:

___ Conference Staff

___ SABE Board and Special Invitees

___ Credit Card  ___ VISA  ___ MasterCard  ___ American Express

___ Discover

Credit Card #: __________________________

Expiration Date: _________  3-Digit Code: ______

PAYMENT CONTACT INFORMATION:

The information below is required for person responsible for payment.

Name: __________________________________________

Billing Address: __________________________________________

Billing City, State, Zip: __________________________________________
Checks should be made our to UCP of Mobile Inc. with check notation as 2018 SABE National Conference. All checks and purchase order payments must be payed within _____ of registration.
QUESTIONS/PROBLEMS:
✓ If you are having problems or have questions about this registration form, please Contact Becky Brightwell- rebeccabrightwell@uga.edu
✓ If you have problems or questions about the accessible hotel reservations, please contact Diana Jordan-Djordan@ucpmobile.org

We continue to update the website with new information, please visit www.sabeconference.org

Please mail the entire registration form (6 pages) to:

Or you can fax to ____________ or
Email to Becky Brightwell- rebeccabrightwell@uga.edu
Everyone from SABE 2018 is looking forward to seeing you in June!