

REGISTRATION FORM

Full Convention Rate \$125.00
Includes convention bag, access to all convention sessions, exhibit hall and awards luncheon.

Awards Luncheon only \$45.00
Includes convention bag, access to all convention sessions, exhibit hall

Total Due \$ _____

REGISTRANT INFORMATION

Name (First, M.I., Last)

Organization Affiliation

Address

City State Zip Code

Phone

E-mail

Do you have any dietary restrictions?

- ☐ Yes - Please Specify: _____
☐ No

Do you need a sign language interpreter?

- ☐ Yes ☐ No

Would you like to be added to our newsletter mailing list?

- ☐ Yes ☐ No

AFFILIATION TO THE ARC (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Self-Advocate | <input type="checkbox"/> The Arc staff (direct support) |
| <input type="checkbox"/> Family member | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> The Arc board member | <input type="checkbox"/> Public official |
| <input type="checkbox"/> The Arc staff (executive dir.) | <input type="checkbox"/> Professional in DD field |
| <input type="checkbox"/> The Arc staff (manager) | <input type="checkbox"/> Other _____ |

AGENDA

8:00am	Registration opens/Continental Breakfast/ Exhibit Hall
9:00am	Welcome and Opening Session
10:30am	Break/Exhibit Hall
11:15am	Volunteer of the Year & Annual Awards Presentation Luncheon
12:15pm	Luncheon Keynote Speaker
1:00pm	Lunch ends/Exhibit Hall
1:30pm	Breakout Sessions I
2:45pm	Break/Exhibit Halls (Exhibit Hall closes at 4:15)
3:00pm	Breakout Sessions II
4:15pm	Closing Session
5:00pm	End/Annual Meeting & Elections of Board

PAYMENT INFORMATION

- ☐ Pay online at www.thearcmd.org
- ☐ My check or money order is enclosed and made payable to The Arc Maryland.
- ☐ I authorize The Arc to collect my registration fee through:
☐ Visa ☐ MasterCard
Credit Card Number: _____
Expiration Date: _____ 3-digit code: _____
Name as it appears on credit card: _____

Authorized Signature: _____

REGISTER

By Mail: The Arc Maryland Attn: Convention Registration
P.O. Box 1747 Annapolis, MD 21404-1747

By Fax: (410) 974-6021

By Email:

ABOUT THE HOTEL

The Hotel at Arundel Preserve
7795 Arundel Mills Blvd.
Hanover, MD 21076
Contact hotel for room reservations.

REGISTRATION AND REFUND POLICY: Registration deadline is May 3, 2016. Refund requests must be received on or before May 3, 2016. Please send your refund requests via e-mail to info@thearcmd.org. A processing fee will apply. No refunds will be given after this date and for no-shows. Direct support staff registration fee will NOT be waived.

for people with intellectual and developmental disabilities