

SPEAK UP AND SPEAK OUT

summit

Funded by the Illinois Council on
Developmental Disabilities

October 28-30, 2019 Summit Registration

**Hear
My Voice**



**Support
My Choice!**

**Registration
\$50.00
for
Both Days!**

★ **Wyndham City Centre** ★
formerly Hilton Hotel
700 East Adams St.
Springfield, IL 62701
217-789-1530

**Registration
is
Limited!
Sign Up
Today!**

\$50 Summit Registration Fee includes:

Monday 6:30-8:00 P.M. - Welcome and Snack Reception
5:30-7:30 pm Early Registration (Dinner on your own)

**If you are interested in a Capitol Tour on Monday at 3:30,
please contact Becca at 815-464-1832 or becca@thearcofil.org**

Tuesday: Breakfast, Lunch, Dinner and Entertainment

Wednesday: Breakfast and Lunch

**Registration fee is required for all attendees, including personal support workers.
Financial assistance for registration fee is available. (Please see Form 3.)**

Attending this event gives permission for your photo or video to be in brochures, websites, etc. If you do not want your picture taken and published, please contact Janet Donahue at 815-464-1832.

If you need driving directions to the Wyndham please go to www.mapquest.com or google maps or you can call 815-464-1832 for assistance.

There is an Amtrak Train Station 5 blocks from the Wyndham Hotel. Take Washington 4 blocks, then right on 7th St. for 1 block. To make a train reservation, call Amtrak at 1-800-872-7245.

If you need accessible transportation from the Amtrak Station to the Wyndham, call ACCESS SPRINGFIELD at 217-522-8594. **Be sure to call and make a reservation in advance.**

If your vehicle will not fit in the Wyndham Hotel parking garage, please reserve a permit by calling The Arc of Illinois at 815-464-1832. You will receive the permit when you arrive at the hotel from the bellstand.

For more information about the Summit, call 815-464-1832 or e-mail janet@thearcofil.org



SPEAK UP AND SPEAK OUT 2019

Summit Registration - Form 1 (\$50/Person)



First Name: _____ Last Name: _____

Agency or Affiliate: _____

Home Address: _____

City: _____ State: _____ 9 digit Zip: _____

Illinois Senate District _____ Illinois House District: _____
**T-Shirt size-Check One: Small ☐ Medium ☐ Large ☐
X-Large ☐ XX-Large ☐ XXX-Large ☐ Other _____**

Phone: _____ Fax: _____

Email: _____

Will you be attending with a support person or PSW? Yes No

If yes, please provide their name, contact information and T-Shirt size below:

First Name: _____ Last Name: _____

Agency or Affiliate: _____

Address: _____

City: _____ State: _____ 9 digit Zip: _____

Phone: _____ Fax: _____

Email: _____ T-Shirt size _____

**Please mail your registration form and other forms along with payment to: The Arc of Illinois
20901 S. LaGrange Rd., Suite 209, Frankfort, IL 60423 or email to becca@thearcofil.org**

Hotel Registration Information

Everyone attending the Summit and needing a hotel room must make their own reservations and inform the hotel of any special accommodations.

**The special hotel rate is single \$111.87 including tax per night.
Double rate is \$128.82 including tax per night (\$64.41 per person).
(\$16.95 including tax each additional person in room per night)
Hotel rooms include free garage hotel parking.**

To book your room, please contact the Wyndham Springfield at 217-789-1530. Ask for the Special Rate: Code: SUSO if you are paying for your room. If you are applying for a **STIPEND, you must make your room reservation AFTER you are approved for the Stipend and you receive a different code from The Arc of Illinois.**

There are a limited number of accessible rooms. If you need an accessible room, please contact Janet Donahue directly at 815-464-1832 or janet@thearcofil.org to make a reservation for an accessible room at the Wyndham or across the street.

I would like to share this exciting experience with a friend. I will share my room with:

I understand I must let the hotel know who I will room with when I make my reservation.

Support Needs Request - Form 2

This form is dedicated to those with support needs requests. We would like to accommodate as many people as possible during the 2019 Speak Up Speak Out Summit. **Please note that you are not limited to the needs listed below. The deadline for all needs submissions is October 1, 2019. If you have questions or would like to speak with someone about your support needs, you can call Becca Schroeder at 815-464-1832 or email at becca@thearcofil.org.**

First Name: _____ Last Name: _____

Agency or Affiliate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Do you have any special dietary needs? Yes No

If yes, please list your dietary needs: _____

Check all that apply:

Do you need a sign language interpreter? ☐ or CART services? ☐

Assistive Listening Device ☐ Shower Chair ☐

Do you need a Nurse to administer medication or other accommodations? ☐

Do you need Braille? ☐ Large Print ☐ CD ☐ Other ☐

Will you need assistance from a PSW during the regular hours of the conference? ☐

PSWs will be available during the regular hours of the conference ONLY.

Will you need an accessible room? If you do, please call Janet Donahue at 815-464-1832.

Your PSW/Staff emergency (24 hour) phone number: _____

(This is important for questions on medication or other support needs.)

If you have checked any of the above, please list your specific need and provide a detailed explanation below. If you need medication administered by an RN, please provide the specific times you need to take the medication. If you need more room, use the back of this page or separate sheet.

Financial Assistance Request - Form 3

If financial restrictions prevent you from paying all registration, hotel and transportation costs, please complete the information below to apply for a Summit Stipend, funded through the Illinois Council on Developmental Disabilities and administered by The Arc of Illinois. **Send both the registration (Form 1) and the Financial Assistance (Form 3) to The Arc of Illinois, 20901 S. LaGrange Rd., Suite 209, Frankfort, IL 60423 or fax to 815-464-5292 or email to janet@thearcofil.org.**

Questions, call 815-464-1832.

Who can apply?

Illinois resident and

- A person with a developmental disability
- A parent of a person with a developmental disability
- An immediate family member of a person with a developmental disability
- A guardian/foster parent of a person with a developmental disability

How much can I apply for?

**\$200 per Person Maximum
\$400 per Family Maximum**

This stipend is intended to assist you with the costs associated with the Summit and **is not intended to cover all the costs.** A portion of the cost is the responsibility of the participant.

Fill in the blanks that apply:

I am a person with a developmental disability. **Name:** _____

My disability is: _____

My family member (**circle one: son, daughter, other**) is a person with a developmental disability.

Family Member Name: _____

Their disability is: _____

Enter amount of financial assistance needed for:

Registration \$ _____

Hotel \$ _____

Transportation \$ _____

PA Registration \$ _____

TOTAL: \$ _____

You may still apply for a stipend from the Summit even if you have previously received stipends through the ICDD Consumer Stipend Program. These stipends will not be counted against any future stipend requests through the Consumer Stipend Program.

This stipend is intended to assist you with the costs associated with the Summit and is not intended to cover all the costs. **A portion of the cost is your responsibility.** When your request for assistance is approved, the stipend registration cost will be directly paid to The Arc of Illinois and the stipend share of the hotel cost will be directly paid to the Wyndham Hotel. **However, you must make your own room reservations. When your stipend request for a hotel room is approved, you will be given a special code you need when making your room reservation to be paid with the stipend funds.**

The following statement must be signed to validate this request: I am requesting assistance from The Arc of Illinois, through funding from the Illinois Council on Developmental Disabilities, to attend this Summit that I would be unable to attend without this support. I promise to use the funds for the stated purposes.

Signature _____

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#2019SUSO**

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Location:

★ **Wyndham Hotel** ★
formerly Hilton Hotel
Springfield, IL

New This Year

There will be a special session for **Staff** this year on Government Benefits from 3:30-4:30 during the time people will be having fun with the dance group!



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Organized by The Arc of Illinois