

REGISTRATION

REGISTRATION DEADLINE-APRIL 4

NAME: _____

JOB TITLE: _____

ORGANIZATION/AFFILIATION: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Check the workforce region where most of your work takes place (see list on page 3 of brochure):

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Berkshire County | <input type="checkbox"/> Cape & Islands | <input type="checkbox"/> Metro North | <input type="checkbox"/> North Central |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Franklin-Hampshire | <input type="checkbox"/> Metro South/West | <input type="checkbox"/> South Coastal |
| <input type="checkbox"/> Bristol County | <input type="checkbox"/> Hampden County | <input type="checkbox"/> Greater Lowell | <input type="checkbox"/> Southern Essex |
| <input type="checkbox"/> Brockton | <input type="checkbox"/> Lower Merrimack | <input type="checkbox"/> Greater New Bedford | <input type="checkbox"/> Southern Worcester |

I will attend the following two sessions:

Workshop Session 1

1st choice _____

2nd choice _____

Workshop Session 2

1st choice _____

2nd choice _____

Accommodation needs, if any (all requests must be made by April 4). Check if needed:

- | | |
|--|---|
| <input type="checkbox"/> ASL Interpreter | <input type="checkbox"/> DeafBlind Tactile |
| <input type="checkbox"/> CART Provider | <input type="checkbox"/> DeafBlind Low Vision |

☐ Other (please specify):

- ☐ I prefer vegetarian meals.
- ☐ Other food restrictions/allergies (please specify): _____
- ☐ I do not want my name to be placed on a participant list.
- ☐ I do not want to be added to the ICI mailing list

Cancellation policy

This conference is offered free of charge. It is ICI's policy to charge \$30.00 per person for staff who register for but do not attend a free event. This fee will be waived if ICI is notified at least 3 business days before the conference. Substitutions are allowed. Please notify ICI as soon as possible so that appropriate arrangements can be made.

QUESTIONS? Please contact:

Berenise Reyes-Albino
617.287.4314 (voice/TTY)
800.720.2396 (toll-free)
617.287.4352 (fax)
berenise.albino@umb.edu

Mail payment/form by April 4 to:

Berenise Reyes-Albino
Institute for Community Inclusion
UMass Boston
100 Morrissey Blvd.
Boston, MA 02125

Registration is also available online through the conference website at www.massworks.org