

Get Connected...the Latest on 503 and ADA

Conference Registration Form

First Name: _____ M.I. _____ Last: _____

Name to appear on Name Tag: _____

Job Title: _____

Company/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Cell Phone: _____

Email Address: _____

I will be attending the following Conference: (Please check one)

October 13, 2015, Birmingham Area

Location: Alabama Workforce Training Center, 3500 6th Ave S, Birmingham, AL 35222

October 20, 2015, Montgomery Area

Location: Alabama State University, John Garrick Hardy Student Center Ballroom,
915 South Jackson Street, Montgomery, AL 36104

October 21, 2015, Mobile Area

Location: University of South Alabama, Student Center Ballroom, 350 Campus Drive, Mobile, AL 36688

October 27, 2015, Huntsville Area

Location: Community Resource Room, Alabama Department of Rehabilitation Services,
3000 Johnson Road SW, Huntsville, AL 35805

I am registering for the: (Please check one)

Full Conference with lunch: Registration fee is \$25.00

Conference Sessions without lunch: Registration fee is \$15.00



METHOD OF PAYMENT (Payment must be **received** 3 days prior to the conference date for which you are attending)

My payment will be included in a group invoice. Name of Company: _____

Please Contact Stella Ashley or Becky Parker at 205- 290-4400 to request a group invoice.

I am sending a check in the amount of \$ _____, made payable to the **ABLE Network**, and mailed to ADRS, c/o Becky Parker,
236 Goodwin Crest Drive, Homewood, AL 35209

I have paid by debit or credit card in the amount of _____. My confirmation number is _____.
(See below to pay by debit or credit card)

Click on one of the following links to pay by debit card, credit card or PayPal: (Additional \$1 usage fee charged for payments made with debit, credit or PayPal)

[Full Conference with Lunch - \\$26.00](#)

Visit www.AlabamaBLN.org for more info

[Conference Sessions without Lunch - \\$16.00](#)

Mail Registration form and payment to: ADRS, c/o Becky Parker, 236 Goodwin Crest Drive, Homewood AL 35209, or

Email Registration form and payment source to: Becky.Parker@rehab.alabama.gov

Limited onsite registration, without lunch, will be available: (Check or Cash only will be accepted for onsite registrations.)

For additional information, please contact: Leslie Dawson, ABLE Network Liaison, at (205) 554-1359 or contact by

Email at Leslie.Dawson@rehab.alabama.gov

CONTINUING EDUCATION: This program has been submitted to the HR Certification Institute and SHRM for review.

SPECIAL NEEDS REQUEST: (Check all that apply)

Braille Electronic File Captioning Large Print Interpreter

Other _____