



Real Communities Learning Tour Registration Form

March 23-28, 2015

Please fill out one form per person. Preregistration required. Space is limited.

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| <p>Name: _____</p> <p>Organization: _____</p> <p>Position: _____</p> <p>Address: _____</p> <p>Email: _____</p> <p>Phone: _____</p> <p>Cell Phone (in case we need to contact you while in GA): _____</p> <p>Emergency Contact: _____</p> | <p>Check all that describe you:</p> <p><input type="checkbox"/> Person with a disability</p> <p><input type="checkbox"/> Parent of person with a disability</p> <p><input type="checkbox"/> Work for a disability organization</p> <p><input type="checkbox"/> Work for a community organization/nonprofit</p> <p><input type="checkbox"/> Government employee</p> <p><input type="checkbox"/> Community organizer</p> <p><input type="checkbox"/> Volunteer</p> <p><input type="checkbox"/> Direct support professional</p> |
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| <p>If traveling by plane:</p> <p><i>It is recommended that participants fly into Hartsfield-Jackson Atlanta International Airport and depart from Savannah/Hilton Head International Airport</i></p> <p>Arrival date: _____</p> <p>Airport: _____</p> <p>Departure date: _____</p> <p>Airport: _____</p> | <p>Hotel Reservations</p> <p><i>We will book the rooms. You are responsible for paying the hotels directly at checkout.</i></p> <p>Check each night that you will need a room reserved:</p> <p><input type="checkbox"/> Monday, March 23rd</p> <p><input type="checkbox"/> Tuesday, March 24th</p> <p><input type="checkbox"/> Wednesday, March 25th</p> <p><input type="checkbox"/> Thursday, March 26th</p> <p><input type="checkbox"/> Friday, March 27th</p> <p>Do you need an accessible room? _____</p> <p>Will you be sharing a room with another person? _____ Name: _____</p> |
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| <p>Please list any dietary restrictions:</p> <p>_____</p> <p>_____</p> <p>_____</p> | |
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Accommodations

Please let us know if you require any accommodations in order to fully participate.

Fee: \$300

Please make check payable to:

Georgia Council on Developmental Disabilities
2 Peachtree Street, NW
Suite 26-246
Atlanta, GA 30303

Please mark envelope ATTN: CHERI MASTIN