



Contact Information

First Name: _____ Last Name: _____

Email Address: _____

County: _____ Phone Number _____

Registration Rates (allows attendance at all conference sessions)

- Professional (clinician, provider, educator or you work with individuals who live with mental, emotional, and behavioral health needs; intellectual disabilities; autism; developmental disabilities): \$50
- Individuals & Self-Advocates (person who has one or more of the following: mental, emotional, and behavioral health needs; an intellectual disability; autism; a development disability): \$0
- Families (family member of a person who has one or more of the following: mental, emotional, and behavioral health needs; an intellectual disability; autism; a development disability): \$0

Accessibility Requirements

The conference will be online. Do you have a computer, smartphone, or tablet to join the conference?

- Yes
- No

If no, Tech OWL at Temple University will call you to see if you qualify for help with technology.

Do you need help understanding the presentations:

- Closed Captions
- American Sign Language (ASL)
- Language Other than English?

What Language? _____

Payment

Check (made payable to Bridge Consulting Corp and mailed to address below)

Credit Card ___ Visa ___ Mastercard ___ American Express ___ Discover

Name as it appears on card _____

Organization as it appears on card, if applicable _____

Billing Address _____

Card No. _____ CVC: _____

Exp. Date _____

Mail, email or fax completed form and payment to: **Everyday Lives Conference, Attn: Katrina Harris, PO Box 1045, Linwood, PA, 19061 Fax: 610.494.7406; Email: registrations@bridgeconsultingcorp.com Questions? Call: 267.355.9204**