



PEOPLE FIRST OF ALABAMA STATE CONFERENCE
REGISTRATION FORM – REGION _____

NAME: _____

Address: _____

City _____, State _____ Zip code _____

Telephone: _____

Email: _____

Please check block that applies:

___ Self-advocate – Do you have a DMH waiver ___ Yes ___ No

___ Family member

___ Professional Organization _____

___ Non-Profit _____

___ Limited scholarship for self-advocates registrations is available, check if you are requesting a \$25 scholarship. Scholarships will be on first come first served basis.

REGISTRATION FEE is \$25.00, due with registration. Mail check to: State Conference, People First of Alabama, 1929 Canyon Road, Vestavia, AL 35216, **OR EMAIL TO:** ***peoplefirstconference23@gmail.com.***

Confirmation will be emailed to you once payment is received.

PAY BY CREDIT CARD- Name _____

Credit card # _____

Expiration ____/____ CVV# _____

Mailing address for credit card if different from above:

REGISTRATION IS NON-REFUNDABLE ONCE PAID.