



*Partners in Policymaking*  
GRADUATE TRAINING

*Date:*

November 3rd & 4th, 2017

*Location:*

Hilton Garden Inn  
3300 Vandiver Drive, Columbia MO

*Theme:*

“Working For a Living”

Topics:

HCBS (Home and Community Based Services)  
WIOA (Workforce Innovation and Opportunity Act)  
Education Transition  
Competitive Employment

*Speakers:*

Adam Sass, Director of Community Life Engagement,  
National Association of State Directors of  
Developmental Disabilities Services (NASDDDS)  
&  
Cheryl Bates-Harris, Senior Disability Advocacy  
Specialist, National Disability Rights Network  
(NDRN)



# *Partners in Policymaking* GRADUATE TRAINING

## **EVENT DETAILS**

Please join us to **connect** with Partners Graduates from your area and across the state; **discover** creative ways to continue making a difference in policies and practices for people with disabilities locally, statewide and nationally; **learn** about all the changes occurring within the system as it relates to employment issues.

Registration for the event is required and you will be assigned a roommate (you can request potential roommates in the registration process). Hotel costs will be covered by the MODDC. Dinner on Friday and breakfast and lunch on Saturday will be provided. Lunch on Friday is on your own. Attendance at the entire event is required.

Carpooling is encouraged and we will be glad to connect you with others in your area who also would like to carpool.

### **PLEASE RETURN COMPLETED REGISTRATION FORMS BY SEPTEMBER 22, 2017 TO:**

Missouri Developmental Disabilities Council  
ATTN: Charlie German  
PO Box 687  
Jefferson City, MO 65102

by email to: [cgerman@moddcouncil.org](mailto:cgerman@moddcouncil.org)  
or by fax at: 573-526-2755

**Any questions please call our office at  
573-751-8611 or toll free at 800-500-7878.**

# Partners in Policymaking

## GRADUATE TRAINING

### REGISTRATION INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County/Region: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Partners graduation year: \_\_\_\_\_

Yes, please include my contact information in the directory (phone & email).

### ADDITIONAL INFORMATION: Please check all that apply:

I am a parent.  I am a self-advocate.

### HOTEL ARRANGEMENTS:

I would like a smoking room.

I would like to room with \_\_\_\_\_.

I live within 50 miles of the Columbia area and do not need a room.

I would like to request an accessible room.

I am requesting the following disability accommodations:

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I will bring a personal care attendant with me. My personal care attendant's name is:

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I have the following dietary restrictions:

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# Partners in Policymaking

## GRADUATE TRAINING

### REGISTRATION INFORMATION (continued):

#### TRANSPORTATION:

- I am interested in carpooling.
- I am interested in carpooling and would like to join a carpool.
- I would be able to drive and allow others to ride with me.
- I will provide my own transportation.

NOTE: This year Partners Graduates will be responsible for their own travel expenses (to include mileage and Friday lunch), childcare and attendant care expenses. The majority of Partners Graduates indicated they could take care of these costs themselves in order for us to have the funding available for the programming expenses. However, if this is NOT possible for you and it poses a barrier to you attending the event, please note below what expenses you would need covered so you might attend.

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By signing this registration form, I acknowledge that I have read and agree with terms of the Graduate Partners in Policymaking Participation Agreement and the Disciplined Business Conduct Guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_