

Arizona Legislative Information System (ALIS)

Workshop Registration Form

When: 9:00 a.m. – 4:00 p.m., Thursday April 30, 2009
Where: The Disability Empowerment Center (DEC)
5025 E Washington Street, Phoenix, AZ 85034

Registrant's Name: _____

Street Address: _____

City: _____ Zip: _____

Telephone: _____

Email: _____

Do you need an accessible accommodation? ____ Yes ____ No
If yes, Please describe (e.g. Braille, Sign Language Interpreter)

As part of the of the workshop agenda we will travel to the state capitol. Do you need wheelchair transportation for that trip? ____ Yes ____ No

AZDAC has limited funding to reimburse individuals, who live outside the Phoenix metropolitan area, for travel and lodging. Do you need travel reimbursement?
____ Yes ____ No

Would you like to receive AZ Disability Advocacy Coalition (AZDAC) alerts and information? ____ Yes ____ No

If you choose not to register online, please print, complete, and mail or fax (602-271-4100) this form to:

Arizona Disability Advocacy Coalition
The Disability Empowerment Center, Suite 214
5025 E Washington Street
Phoenix AZ 85034

Registration closes on April 24th.

Please do not wear perfume or other scented products to this event.
