

Registration Form

Yes/ I would like to register for:

(Name of the Program Here)

Please list each person registering individually and not as a group:

Name of Person(s) Attending:

Business Name (if applicable):

Address:

City:

State:

Zip Code:

E-mail Address:

Daytime Phone:

Other Phone:

I am registering as a (check one or more that apply):

Self-Advocate Family Member/Caregiver Educator

Professional related to topic Support Staff Other (please list) _____

Information I hope to gain from attending this seminar:

Please return this form before the program deadline:

Please return this form to:

431 Jackson Avenue
Altoona, PA 16602

Phone: 814-946-1011

Fax: 814-946-1013

E-mail: mail@thearcblair.org



*For people with intellectual
and developmental disabilities*

www.thearcblair.org