

REGISTRATION FORM – Real Voices Real Choices Conference (2019)

DETAILS

Conference Logistics: The Real Voices Real Choices Conference will be held on August 25 – 27, 2019 at Tan-Tar-A, a Margaritaville Resort.

Please choose one of the following:

<input type="checkbox"/> \$100.00 Single Registration – Consumer, Self-Advocate, Person in Recovery, or Family Member. This cost includes your hotel room for Sunday and Monday evening, all conference materials, all conference activities and 4 planned meals including dinner on Sunday evening, breakfast and lunch on Monday and breakfast on Tuesday.	<input type="checkbox"/> \$180.00*** Double Registration - Consumer, Self-Advocate, Person in Recovery, or Family Member. This cost includes ONE SLEEPING ROOM TO SHARE for two nights, all conference materials, activities and 4 planned meals including dinner on Sunday evening, breakfast and lunch on Monday and breakfast on Tuesday for TWO PEOPLE. ***Second registrant will need to complete a separate form and send in. <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center; margin: 0;">Name of Roommate:</p> <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>	<input type="checkbox"/> \$160.00 Professional Registration - This cost includes all conference materials, all conference activities and 4 planned meals including dinner on Sunday evening, breakfast and lunch on Monday and breakfast on Tuesday. You are responsible for making your lodging arrangements with Tan-Tar-A Resort. Mention the conference to get a rate of \$93 per night (or current federal per diem rate).
<input type="checkbox"/> \$11.00 – Monday Night Dinner (Please ADD \$11.00 to your registration cost.) Choose one option below: _____ Option 1: a hamburger, chips, and drink _____ Option 2: hotdogs (2), chips, and drink		

CONTACT INFORMATION OF ATTENDEE

First Name: _____	Last Name: _____	
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Email Address: _____	Phone Number: () _____	

ATTENTION: YOU MUST INITIAL THESE BOXES FOR YOUR REGISTRATION TO BE COMPLETE

To the fullest extent permitted by law, I/we indemnify and hold harmless, the Missouri Department of Mental Health, Missouri Mental Health Foundation, Tan Tar A Resort and Conference Center and their directors, officers, consultants, agents, employees and volunteers from and against all claims, damages, losses and expenses, including but not limited to attorney's fees and court costs, arising out of or resulting from my participation in this event, including damage, loss or expense is attributable to bodily injury, sickness, disease or death, or personal injury, or to injury to or destruction of tangible property or to others involved in the event.

I agree to the production of photographs, recordings, videotapes, or other multimedia projects developed by the Missouri Department of Mental Health and/or, the Missouri Mental Health Foundation, which may include being photographed, recorded, videotaped, or otherwise depicted in such multimedia information. I've been informed that these multimedia projects are being developed to provide an opportunity to educate and inform people about the activities of the Missouri Department of Mental Health and/or the Missouri Mental Health Foundation. I authorize the Missouri Department of Mental Health and/or the Missouri Mental Health Foundation to use any and all of the multimedia information in which I appear and/or are heard without limitation. I acknowledge that the Missouri Department of Mental Health and/or the Missouri Mental Health Foundation will be for all purposes the owner of all rights to the media in which I appear and/or am heard. I agree to hold harmless the Missouri Department of Mental Health, and/or the Missouri Mental Health Foundation, and all their agencies, affiliates, employees, volunteers, agents, successors and/or assigns, against any liability, loss or damage, including attorney's fees, caused by or arising from my appearance in any photograph, record, videotape, or other multimedia information. I acknowledge that I have not given any other person or organization the exclusive right to use my photograph or any other information about me.

➔ INITIAL HERE: _____

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NAME:

ADDITIONAL INFORMATION

Will you be attending with a group? Yes No

Group Name:

Name of Group Contact:

Contact Phone Number:

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Will you have a Personal Care Attendant?

YES NO

Name of PCA:

Please indicate special accommodations: Braille Large Print Materials ASL Interpreter

Special Diet: _____

Please list any other accessibility needs:

Please indicate which primary treatment category you identify with: Developmental Disability Mental Illness
 Substance Use Disorder

How many years have you attended the conference? _____

MEDICAL INFORMATION

→ NURSE'S STATION – ON-SITE FIRST AID:

*Basic First Aid and Assessment, WITHOUT MEDICATION ASSISTANCE, will be available during conference hours. The Basic First Aid area **will not** provide over-the-counter medications such as Tylenol, Ibuprofen, topical creams, etc. You will be responsible for these needs.*

- **If medical and assistive devices are needed, you are expected to bring these with you to the conference (for example wheelchair, walker, etc.)**
- **Urinary Incontinence Supplies – If you have problems with wetting the bed, you will need to bring a waterproof mattress pad.**
- **If needed, you are expected to have a caretaker assist you with your needs while attending the conference (for example transfers).**

Emergency Contact Name:

Emergency Contact Phone Number:

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Alternate Phone Number:

Please send completed registration via:

Mail:

**Missouri Mental Health Foundation
221 Metro Dr., Suite C
Jefferson City, MO 65109**

