

The International Conference on Self-Determination  
May 27-29, 2008  
Marriott Renaissance Center, Detroit, Michigan

---

Scholarship Registration Form

---

*Please print your information*

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

Agency: \_\_\_\_\_

What County do you Live in: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Other special needs (mobility assistance, interpreters, etc.): \_\_\_\_\_

What do you hope to accomplish by attending this conference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What areas are you requesting financial assistance:

\_\_\_\_\_ Hotel accommodations: (\$133/night)

\_\_\_\_\_ Date Arriving: \_\_\_\_\_ Date Departing: \_\_\_\_\_

\_\_\_\_\_ Pre-Conference Registration Fee (\$75)

\_\_\_\_\_ Conference Registration Fee (\$275)

\_\_\_\_\_ Personal Assistant (\$125 conference fee plus additional meals below)

\_\_\_\_\_ Meals that aren't included in the conference.

\_\_\_\_\_ Monday Lunch (\$7.25)

\_\_\_\_\_ Monday Dinner (\$16.50)

\_\_\_\_\_ Tuesday Dinner (\$16.50)

\_\_\_\_\_ Wednesday Dinner (\$16.50)

\_\_\_\_\_ Mileage Reimbursement (round trip mileage x 50.5 cents)

\$ \_\_\_\_\_ TOTAL AMOUNT OF FINANCIAL SCHOLARSHIP REQUESTED

---

Deadline: May 16, 2008

*Scholarship awardees will be contacting prior to the conference.*

---

Fax this form to Chris Ward at (517) 374-1053

Or email to [cward@macmhb.org](mailto:cward@macmhb.org)

If you have any questions, please contact Chris Ward at (517) 374-6848 or  
[cward@macmhb.org](mailto:cward@macmhb.org)