Employment

The Vision is Clear!!

Annual Alabama APSE Conference
July 8–10
Montgomery
Conference Location
Renaissance Hotel & Spa
201 Tallapoosa Street
Montgomery, AL  36104
334 481 5000
Room Rates: $134.00 Single/Double
To Book Electronically:
https://www.marriott.com/event-reservations/reservation-link.mi?id=1571266395905&key=GRP&app=resvlink

Deadline 6/16/20 for discounted rate

Reservations by telephone:
1 (800) 468-3571

Details subject to change.
Starting and ending times are confirmed!

Preliminary Conference Schedule:

**Wednesday, July 8, 2020**

- 10:00 — 12:55  Registration
- 1:00 — 2:30  Opening Session
- 2:30 — 3:00  Break
- 3:00 — 4:30  General Session

**Thursday, July 9, 2020**

- 8:00 — 9:30  General Session
- 9:30 — 10:00  Break
- 10:00 — 11:00  Breakout Sessions
- 11:00 — 11:15  Mini Break
- 11:15 — 12:15  Breakout Sessions
- 12:15 — 2:00  Lunch
- 2:00 — 3:00  Breakout Sessions
- 3:00 — 3:30  Break
- 3:30 — 4:30  Breakout Sessions
- 6:00 — Until  AL-APSE Awards Banquet
- 6:30 — Until  Evening Fun

**Friday, July 10, 2020**

- 8:30 — 10:00  General Session
- 10:00 — 10:30  Break
- 10:30 — Noon  Closing Session
2020 Registration Form

Paper Registration Form—*Electronic Registration Encouraged!*

$260.00 before June 21 — $290.00 after June 21

**PLEASE NOTE:** Members of APSE receive a $30.00 Discount on Registration

Call 334-353-7713 or Byron.white@mh.alabama.gov for discount code:

MUST INCLUDE MEMBERSHIP # BELOW: Only available to members!!

Name:_________________________________  APSE Membership #___________  
N/A if None Member

Email Address:__________________________________________________________

Address:______________________________________________________________

City:__________________ State:_____ Zip:_________ Phone:(___)____ - ______

Organization/Company:_________________________________________________

**ADA Accessibility Needs:** i.e. Braille, Interpreter, etc. Must Request by May 11, 2020

Please contact Byron.white@mh.alabama.gov to discuss ADA needs

**Continuing Education Social Work, Nursing and CRC, CESP Pending!**

For more information and updates contact Alabamaapse@aol.com, visit [www.al-apse.org](http://www.al-apse.org) or contact Byron.white@mh.alabama.gov (334-353-7713)

By registering for this conference each attendee understands that photographs and videos may be taken throughout the conference for use in publications, presentations and other events. The photos will remain the property of AL-APSE. Please inform photographer(s) if you do not wish to be photographed!

Make Checks Payable to:  
Alabama APSE

Mail Registration Form & Check to:  
PO Box 240691  
Montgomery, AL 36124

Visa and MasterCard Accepted $2.00 Processing Fee

Card Number__________________________________  
CVV # on back of Card (3 digits)_______________  
Expiration Date:____________________________  
Signature:_____________________________________  

**Please Visit Page 4 for Electronic Registration Information**  
**Purchase Orders**
Electronic Registration Information

You are encouraged to register electronically for this year’s conference. Please click on link below to register!

http://events.constantcontact.com/register/event?
llr=eq8in9eab&oeidk=a07egnqppf8fe2a5f00

Please note that discount is only available to paying members of Alabama APSE. Membership dues are paid and renewed annually.

Paper Registration Check or Credit Card—

Payment via check due within 15 days after registering to avoid cancellation.

Checks should be made payable to Alabama APSE and mailed to:

AL-APSE,
PO Box 240691
Montgomery, AL 36124

THANK YOU
CIF Individual Application

Name:_________________________________________________________

Address:____________________________________Telephone:________________

City:________________________  Zip__________

Email:_____________________________________________________(Required)

Do you live inside the city limits? ___ Yes ___ No If no, please list county you live in:_________________

ETHNIC STATUS (Optional)

___ Hispanic  ____ I am person with developmental disability

___ African American  ____ I am a parent of a child with a developmental disability

___ Asian American  ____ I am the guardian for a person with a developmental disability

___ American Indian  ____ My family member is an adult with a developmental disability

___ Caucasian

___ Other

This Application seeks funds to attend AL-APSE 2020

This application if approved provides the following for the AL-APSE Conference:

Registration, Hotel Accommodations (minimum double occupancy) for 2 nights, some meals. Applicant is responsible for transportation to and from event.

If approved, please list name(s) of individuals you can share a hotel room with during the conference:

_________________________________

_________________________________

__________________________________

Mail this application to:
AL-APSE
PO BOX 240691
Montgomery, AL 36124
Email: alabamaapse@aol.com

Any Accommodations needed? _____ Braille _____ Interpreter

_____ Other – Please List:______________________________