

# CHOICES *in Living*

2009

## Conference for People with Disabilities

The Arkansas Department of Human Services Division of Aging & Adult Services  
2<sup>nd</sup> Annual Choices in Living Conference  
July 16, 2009 • Crowne Plaza Hotel • Little Rock Arkansas

### Registration Form

Please type or print legibly. Complete one form per person.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact Information** (Person to contact in case of an emergency)

Name \_\_\_\_\_ Relationship to Registrant \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Check here if you will need assistance or special accommodations to participate.  
Please specify or call 1-866-801-3435 \_\_\_\_\_

Meal Requirements: Vegetarian \_\_\_\_\_ Allergy \_\_\_\_\_

Submit Registration Form via mail, fax, or email on or before July 2, 2009.

Send to: Choices in Living Conference 2009  
Division of Aging and Adult Services  
PO Box 1437 Slot S530  
Little Rock AR 72203

Fax: 501-682-8155

Email: bob.edwards@arkansas.gov

**Cancellation Policy:** Should you need to cancel your registration, please call 1-866-801-3435