

PARTICIPANT REGISTRATION FORM

Name:				
Phone:	Fax:	TDD/TTY:	Email:	
Please check the appropriate box:				
Adult with Disability		Service Provider	F Educator	
Child with Disability		Policy Maker	□ Student	
Family Member		Counselor	General Public	
Personal Care Attendant				
	Please Iden	tify Special Accom	imodations:	
ASL Interpreter		Alterna	Alternate Formats (Please check one):	
Plate Service		Br	Braille Program	
Other (please specify):		La	Large Print Program	
			Electronic Format	

Thank you for your interest in participating in the AT Conference. Please return this form to the GSAT Center no later than February 29, 2016 **by fax:** 734-8378 | **by email:** gsat@guamcedders.org | **or deliver to GSAT**, House #19, Dean Circle, University of Guam

There is no fee required to participate in this event.



The conference is funded by the U.S. Department of Health and Human Services, Administration for Community Living, Grant #1601GUSGAT. Additional support is provided by the US DHHS, Administration on Intellectual and Developmental Disabilities, through support to the Guam Tri-Agency: Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS); Guam Developmental Disabilities Council, and Guam Legal Services Corporation– Disability Law Center. Special thanks to the Department of Integrated Services for Individuals with Disabilities (DISID), Division of Vocational Rehabilitation (DVR) for their financial contributions.