



CLEARBROOK

Creating Opportunities for People with Disabilities

2018

CLEARBROOK EXPO REGISTRATION FORM

Thursday, October 18th

The Avalon- 1905 E. Higgins Road, Elk Grove Village

8:45AM-2:00PM

Attendee (please check all that apply):

- | | | |
|--------------------------------------------------------|----------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Self-Directed Assistant | <input type="checkbox"/> Workgroup Member | <input type="checkbox"/> Non-Member |
| <input type="checkbox"/> ISC Agency | <input type="checkbox"/> Workgroup Member | <input type="checkbox"/> Non-Member |
| <input type="checkbox"/> Home-Based Waiver Participant | <input type="checkbox"/> Children's Support Waiver | <input type="checkbox"/> Adult DD Waiver |
| <input type="checkbox"/> Other Please Specify: _____ | | |

Attendee Name: _____

Agency Name (if applicable): _____

Title (if applicable): _____

Address: _____

Phone Number: _____

Email Address: _____

ISC Agency Name (if applicable): _____

Self Directed Assistance Agency Name (if applicable): _____

Registration Fees *Lunch Included

FAMILIES (Lunch Included)

\$35 person \$50 household (2+ people) *Families can use Home-Based funding, if eligible

I am eligible and want to use Home-Based Funding (Training for Unpaid Caregiver) _____ Yes _____ No

**If yes, please attach Service Agreement*

_____ # of person's attending

Additional Names of Attendees: _____

PROFESSIONALS

\$35 HBSS Workgroup Member \$45 Non-member

*If you have an AGENCY Workgroup membership, there is a \$35 fee per registrant

_____ # of person's attending

Additional Names of Attendees: _____

Make check payable to Clearbrook and mail to:

Attention: Barbara Ruszel

Clearbrook

1835 West Central Road, Arlington Heights, Illinois 60005

Questions can be directed to Barbara Ruszel at 847-385-5307 or bruszel@clearbrook.org