

# Celebrating Lives through Person-centered Practices



**May 26, 2010**

Embassy Suites Hotel,  
Greensboro, NC

## **Person-centered practices are spreading in NC!**

This conference will highlight ongoing activities and successes achieved using person-centered thinking and planning tools.

Learn more! Share what you know!

Plan now to participate! Registration is limited.

Registration through CARES at UNC Chapel Hill School of Social Work. Cost: \$65

Discounts are available for organizations registering three or more people.

Conference rates for accommodations will be available.

Sponsored by



NC Department of Health  
and Human Services



Approved by



The Learning Community  
for person centered practices

Registration Instructions

# Celebrating Lives through Person-centered Practices

Person-centered Conference, May 26, 2010, Greensboro

Fax this form to (919) 962-3653 or mail it to CARES, School of Social Work, CB#3550, The University of North Carolina, Chapel Hill 27599-3550, attn: Libby Phillips. Please type or write clearly.

First Name:		Middle Initial:	Last Name:	
Honorific: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
If you have registered under another name for training with CARES, what was it?		What name would you like on your name tag?		
Race/Ethnicity (Optional)				
<input type="checkbox"/> African American		<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Caucasian
<input type="checkbox"/> Native American/Eskimo		<input type="checkbox"/> More than one		
Telephone (including area code)				
We ask for home and cell numbers in case we must cancel events for weather or other emergencies.				
Home: ( )		Cell: ( )	Work: ( )	ext.
Work E-mail Address:			Fax Number: ( )	
Agency Name:				
Mailing Address (PO Box, Drawer #, or Street Name and Suite):				
City:	State:	Zip:	State Courier:	County:
Please provide the following information for our records.				
<b>Area/Field of practice</b> <i>(check all that apply)</i>		<b>Responsibilities</b>		<b>Highest degree</b>
<input type="checkbox"/> Adult day services <input type="checkbox"/> Area Agency on Aging/ Department on Aging <input type="checkbox"/> Attorney, legal services <input type="checkbox"/> Department of social services <input type="checkbox"/> Developmental disabilities services <input type="checkbox"/> Home health care <input type="checkbox"/> Law enforcement		<input type="checkbox"/> Long-term care (facility-based) <input type="checkbox"/> Medical practice (including dentistry, optical) <input type="checkbox"/> Mental health <input type="checkbox"/> Senior center <input type="checkbox"/> State division staff <input type="checkbox"/> Substance abuse <input type="checkbox"/> Vocational rehabilitation <input type="checkbox"/> Other:		<input type="checkbox"/> HS <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate What field?
<input type="checkbox"/> Not applicable				
<b>Registration fees</b> <input type="checkbox"/> <b>Individual: \$65.00</b>				
<input type="checkbox"/> <b>3 or more people from the same organization: \$55.00 each</b> <i>Please complete a registration form for each person. Please indicate here the name of the organization and the last names of two or more of the other registrants.</i>				
<b>Payment Option</b> <input type="checkbox"/> Check enclosed <input type="checkbox"/> Agency Authorization of Payment enclosed <i>Please note: Registration forms must be accompanied by a check or authorization to be accepted.</i>				
Lunch and breaks are included in the registration fee. <input type="checkbox"/> I prefer a vegetarian meal.				
To participate in this conference, do you need assistance as noted in the <b>Americans with Disabilities Act</b> ? If so, please contact Libby Phillips at CARES as soon as possible and by April 26 at the latest.				