

Michigan Rehabilitation Council's
Customers of MRS Leadership Program

APPLICATION

Michigan Rehabilitation Conference

October 25 - 28, 2011

DeVos Place/Amway Grand Plaza - Grand Rapids, Michigan

Completed Applications must be received by: Friday October 14th, 2011

Submit Applications (must be approved by the Site Manager)
to the MRC Office:

Fax: 517-887-9369; or E-Mail: council@mrccouncil.org

(Our preference is that applications be submitted via fax.)

PLEASE PRINT LEGIBLY

QUESTIONS?? Contact the MRC at:
877-335-9370

CUSTOMER CONTACT INFORMATION:

NAME: _____

ADDRESS: _____
Street City Zip Code

HOME PHONE: _____ CELL PHONE: _____
Area code Area code

E-MAIL: _____ BEST WAY TO REACH YOU? _____

COUNSELOR CONTACT INFORMATION:

NAME: _____ OFFICE: _____

PHONE NUMBER: _____ FAX NUMBER: _____
Area code Area code

E-MAIL: _____

(OVER)

DO YOU CURRENTLY HAVE AN OPEN CASE WITH MRS? YES _____ NO _____

* Note- You must have an open case in IPE status to apply.

DO YOU WORK FOR MRS? YES _____ NO _____

* Note- Current or past MRS employees or blended/contract staff are not eligible.

DO YOU HAVE TRANSPORTATION TO AND FROM THE CONFERENCE?

* Note - If you answer no, you can still apply for a scholarship. YES _____ NO _____

TYPE OF SCHOLARSHIP APPLYING FOR: ATTENDEE _____ EXHIBITOR _____

If you are would like to be an Exhibitor, what is your small business? _____

NOTE: EXHIBITORS PLEASE INLCUDE INFORMATION ABOUT YOUR BUSINESS WITH YOUR APPLICATION

ATTENDEES ARE EXPECTED TO ATTEND THE ENTIRE CONFERENCE, BEGINNING ON TUESDAY, OCTOBER 25TH AT 6:00 P.M. AND ENDING ON FRIDAY, OCTOBER 28TH AT 12:00 P.M. - ARE YOU ABLE TO COMMIT TO THIS TIME PERIOD? YES _____ NO _____

HOW DID YOU HEAR ABOUT THE CONFERENCE? _____

WHY DO YOU WANT TO ATTEND THE CONFERENCE? _____

LIST DISABILITY RELATED ACCOMMODATIONS OR DIETARY NEEDS: _____

DO YOU NEED A BARRIER FREE HOTEL ROOM? YES _____ NO _____

DO YOU USE A PERSONAL ATTENDANT? YES _____ NO _____

IF YOU ANSWERED YES, PROVIDE THE NAME & CONTACT INFORMATION FOR YOUR PERSONAL ATTENDANT.

NAME: _____ PHONE NUMBER: _____

IS THERE ANY OTHER INFORMATION THAT WE NEED TO KNOW ABOUT YOU? _____

