

MYT 2016 Conference

November 14-16, 2016 ❁❁ Helena, MT ❁❁ Radisson Colonial Inn

The Montana Youth in Transition Conference is a 3-day learning opportunity for youth (and young adults) with disabilities, their families, teachers, counselors and other service providers. This conference is an opportunity to learn more about preparing successful plans for making the transition from high school into the adult world.

Early bird registration fees will expire on October 21, 2016.

(Cost for registrations made after that date are listed in parentheses)

Cost:	Individual:	\$125 (\$150)	
	Parents/Family Members:	\$100 (\$125)	
	Group rate:	\$100 (125)	per person
	(for groups of more than 3 individuals who register together)		
	One day attendance:	\$50 (\$75)	PER DAY for Nov. 14 and 15
		\$25 (\$50)	for Nov. 16
	Presenter/Vendor:	\$50 (\$75)	
	Youth (age 24 and under):	\$25 (\$50)	

Please visit www.montanayouthtransitions.org for scholarship information as well as other conference information.

Conference Registration will CLOSE on November 7 at 5:00 PM .

Montana Youth Transitions ❖ 1617 Euclid Avenue ❖ Helena, MT ❖ 406-442-2576



www.montanayouthtransitions.org



Distributed by:
Montana
Office of Public Instruction
Denise Juneau, State Superintendent
opi.mt.gov

Are you registering as: Individual

With a group

Please list group name:

Presenter or Vendor

(For presenters and vendors that would like the reduced rate of \$50, please complete an individual registration and NOT with a group.)

Note: For a group registration, list the group contact below, and complete page 4 of the registration form with the names of the other group members.

Please contact call 442-2576 for special circumstances or funding issues. Scholarship opportunities are described on our website: www.montanayouthtransitions.org

Contact Information (for individual registration or group contact)

First Name:

Last Name:

Company/Organization (if applicable):

Address:

City, State, Zip:

Phone:

Email:

Indicate your primary role: (please check one)

Teacher:

Parent/Family Member:

Youth:

Service Provider:

Other:

Presenter:

Please indicate what dates you will be attending the conference:

Entire length of the conference (November 14-16, 2016)

Monday, November 14, 2016

Tuesday, November 15, 2016

Wednesday, November 16, 2016

Accommodations

If you require an alternative format not addressed below, please **Phone: 406-442-2576** or **Email: mytmary@bresnan.net**. Reasonable efforts will be made to accommodate your needs.

Food

Do you have food allergies that we should be aware of when menu planning? Please list:

Alternate Format Request

Sign Language Interpreter:
Large Print:

Thumb Drive:
Other:

Braille:

Registration Information

Method of Payment: Registration payments may be made out to **MYTransitions**

Personal Check

Check Number:

Purchase Order

PO Number:

Number of registrants:

Total due/paid:

Please print this form and mail to:

MYTransitions, 1617 Euclid Ave, Suite #1, Helena, MT 59601

OR

Email as an attachment to Mary Di Biase at mytmary@bresnan.net

Group Registration Information: Please list all the names of the group members (these are *in addition* to the primary contact person listed on page 1)

<u>Name</u>	<u>Position</u> (student, parent, teacher, para, etc.)	<u>Accommodation</u> (If needed, please list)
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