



## 2021 Ohio SIBS Adult Sibling Conference Registration

November 6, 2021 at the Embassy Suites in Dublin, Ohio 8:00 am - 4:30 pm

\*Please submit the application form postmarked by 10/22/21

| Conference Attendee Information   |
|---|
| <b>Attendee Name:</b>   |
| <b>Email:</b>   |
| <b>Street Address 1:</b>  |
| <b>Street Address 2:</b>  |
| <b>City:</b>  |
| <b>State:</b>   |
| <b>Zip:</b>   |
| <b>Phone number:</b>  |
| <b>County (if from Ohio):</b>   |
| <b>Are you a person with a disability?</b> Yes ___ No ___                             |
| <b>Are you a sibling of a person with a disability?</b> Yes ___ No ___                |
| <b>If yes, does your sibling live in Ohio?</b> Yes ___ No ___                         |
| <b>Are you employed in the DD field?</b> Yes ___ No ___                               |
| <br>  |
| <b>Where did you learn about the Ohio SIBS Conference?</b>                            |
| Email ___ Newsletter ___ Website ___ Social Media ___ (IG/Twitter/Facebook).          |
| Through networking (i.e. family member, friend, board member, etc.) _____ Other _____ |

| Payment Information   |
|---|
| <b>How do you plan to pay for the \$80.00 registration fee?</b> |
| DD County Board ___ Check ___ Scholarship ___ Other ___         |
| <b>Payment – DD County Board:</b>                               |
| <b>County Contact Name:</b> _____                               |
| <b>Email:</b> _____   |
| <b>Payment – Check:</b>   |
| <b>Please send check to:</b>                                    |
| <u>Ohio SIBS 1391 W. Fifth Ave. #370 Columbus, OH 43212</u>     |

**Payment – Scholarship:**

**Describe your relationship to someone with a disability (i.e. sibling, nephew, cousin, parent, etc.):**

\_\_\_\_\_

**County where family member lives (identify state if out of state):**

\_\_\_\_\_

**Have you previously attended the Ohio SIBS conference? If so, how many times?** \_\_\_\_\_

**I have requested financial support from the following (county board, COG, etc.) please list:**

\_\_\_\_\_

**Based on the above information:**

I am requesting a full scholarship (waiver of full fee \$80.00) \_\_\_\_\_

I am requesting a half scholarship (waiver of half of the fee \$40.00) \_\_\_\_\_

**Explain why you would like to attend the Ohio Sibs conference:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How do you plan to share information about the conference with others after you attend?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[\\*Please submit the application form postmarked by 10/22/21](#)

Mail-in form and payment to:

Ohio SIBS  
1391 W. Fifth Ave. #370  
Columbus, OH 43212