



Committee Use:

Received: _____

Approved Not Approved

Notified: _____

Mississippi disAbility MegaConference Stipend Form 2019 – Hotel Only

Stipends are available on a limited basis. Due to the number of requests we receive for stipends and in order to be fair, we ask that you complete and return this form by mail, email or fax. **Stipends are for hotel expenses ONLY. You will be responsible for your registration fee. Registration must be completed before stipend will be submitted for approval.** Only those completing the form will be eligible for a stipend. No names will be taken over the phone. Stipends will be awarded on an individual basis. No hotel stipend will be awarded if you live within 50 miles of Jackson.

PLEASE PRINT LEGIBLY. You may type into this fillable form or print out and complete.

Name: _____

Address: _____

Must be returned by May 31, 2019.

Registration deadline is **June 1, 2019.**

Email: _____ Phone #: _____
(Preferred contact #)

Please check one: Parent/Family Member Self-Advocate

Is this your first time attending this event? YES NO

Are you associated with any agency/organization? YES NO

If yes, please list name(s) _____

Please tell us what you need the stipend to cover:

1 Night Hotel 2 Nights Hotel **REGISTRATION MUST BE COMPLETED BEFORE STIPEND WILL BE AWARDED.**

This completed form can be mailed, emailed, or faxed to:

MS disAbility MegaConference
Attn: Stipend Committee
704 N. President St.
Jackson, MS 39202
www.msmeegaconference.org

Email to cindy@arcms.org Fax to 601-355-0221

Stipends are provided by Mississippi Council on Developmental Disabilities
Coordinated by The Arc of Mississippi