

**Convention Registration Fee**

\$95 per person through  
March 20, 2009

Rate Increases to  
\$105 per person after  
March 20, 2009

**Convention Registration  
Fee Includes:**

Continental Breakfast on  
Saturday & Sunday; Dinner on  
Saturday, and a 1 year  
membership in ASANC!

**22<sup>ND</sup> ANNUAL ASSOCIATION OF SELF-ADVOCATES  
OF NORTH CAROLINA CONVENTION**

**WALK THE TALK OF SELF-ADVOCACY**

March 27-29, 2009  
Twin City Quarter  
Winston-Salem, NC

**Hotel Reservations**

Make your reservations directly  
with the hotel of your choice  
and be sure to tell them that  
you are with the  
**Association of Self-Advocates  
of North Carolina Convention**

Rates are \$98 + Tax Per Night

**Embassy Suites Hotel  
Winston-Salem  
336-724-2300**

**Marriott Hotel  
Winston-Salem  
336-725-3500**

**ASANC Annual Fashion Show**

If you would like to be a participant in the  
Annual Fashion Show, be sure to check the box  
below to reserve your place today!

*This year's show will be limited to 100 participants!*

**REGISTRATION FORM**

Contact Person's Name \_\_\_\_\_ Attending?  Yes  No

Service Provider or Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

-----  
Attendee Name \_\_\_\_\_

Advocate  Escort  Professional  Personal Caregiver  Fashion Show Participant

Please indicate any special accommodations or dietary needs you require \_\_\_\_\_

Please indicate any special mobility accommodations you may require \_\_\_\_\_

-----  
Attendee Name \_\_\_\_\_

Advocate  Escort  Professional  Personal Caregiver  Fashion Show Participant

Please indicate any special accommodations or dietary needs you require \_\_\_\_\_

Please indicate any special mobility accommodations you may require \_\_\_\_\_

-----  
Attendee Name \_\_\_\_\_

Advocate  Escort  Professional  Personal Caregiver  Fashion Show Participant

Please indicate any special accommodations or dietary needs you require \_\_\_\_\_

Please indicate any special mobility accommodations you may require \_\_\_\_\_

-----  
Total # of participants \_\_\_\_\_ Total Amount Enclosed \_\_\_\_\_ Total # of Checks Enclosed \_\_\_\_\_

Please make checks payable to ASANC and mail to: ASANC C/O CRA, P.O. Box 1280, Mebane, NC 27302

For Questions Contact us at 1-888-542-8555 or email [Contact@craconferences.com](mailto:Contact@craconferences.com)