

OSDA Project STIR™ Leadership Training in Athens

March 9th-11th, 2020

OSDA and the Athens and Vinton County Boards of DD invite 30 adults with a disability, along with an ally, to this 3-day Project STIR™ training. Your ally will be trained too and will assist you during the 3 days.

WHAT? You will learn to use tools to help you advocate for yourself, connect with others and gain leadership skills. Your ally will learn how to support you to use the skills. You will learn to:

- Stand up for yourself,
- Speak up about things important to you,
- Solve problems,
- Become a leader,
- Start or strengthen a local advocacy or network group,
- Plan for your future by Charting your LifeCourse!

DEADLINE To Register: March 8 , 2020

REGISTRATION FEE: Special fee for the first few from Athens and Vinton Counties to register and from other selected SOCOG Counties -See below:

If you are a resident of the following SOCOG Counties, we have 3-6 slots available at a discounted rate. Registration and hotel stay are offered at a rate of \$150. This fee covers both you and your ally's training and 2 nights for both at the University Inn.

**Athens
Vinton
Meigs**

**Ross
Laurence
Clinton**

**Brown
Pickaway
Fayette**

Athens contact: Autumn Brown abrown@athenscbdd.org or 740-541-9600 ext 400

Vinton contact: Tina Spanos tspanos@vintond.org or by phone 740-596-5515 ext 7

Other SOCOG Counties: Courtney Davis cdavis@socog.org or 740-273-1219

All other Counties: \$550 if OSDA Member / \$650 Non-Member

Not a member? Join now at the OSDA website and register at the Member fee.
Scroll to the bottom of this website to join: <http://osdaohio.org/pricing/>

Fee covers the expenses below for both you and your ally:

- All **program materials** and notebooks - 18 hours of CEUs
- **Breakfast and lunch** on days 2 and 3 and afternoon **snacks** on days 1 and 2. **Dinner each evening is "on your own". No meals on the first day - just a snack.**
- The **fee does NOT include your hotel room** for 2 nights - OSDA has arranged for a nightly rate of \$98 plus fees and taxes for 1 or 2 persons in a room at the **Ohio University Inn**. Please contact the hotel directly to reserve a room if you want to stay at night (866) 593-6661

If you receive SELF Waiver services, you may arrange to pay part (\$260) through Participant Directed Goods and Services (PDGS). Contact Dana Charlton (614) 562-1375 or osda2011@gmail.com

Sponsored by:

**Athens and Vinton County Boards of Developmental
Disabilities**

Supported by:

Ohio Self Determination Association

*Partially funded by the **Ohio Developmental Disabilities Council**
under the Developmental Disabilities Assistance and Bill of Rights Act.*

REGISTRATION

Project STIR™ Training – Mar. 9 – 11, 2020

Deadline: March 8, 2020 You will receive email confirmation of your registration. **Agenda and Training details you need to know before you arrive will be provided by email one week prior to the training.**

Please complete a registration form for each participant and ally and Email to osda2011@gmail.com

or

Mail with check or purchase order, made payable to OSDA or Ohio Self Determination Association, to:
Attention: OSDA, 6551 Huntley Road, Suite i, Columbus, Ohio 43229

 **1. Participant Name:** _____ Male Female

Address: _____ City: _____ Zip: _____

County of Residence: _____ Phone: (____) ____ - _____

Email: _____

Please include a direct email address for each person attending. Email is used to send details prior to training.

Special Learning or Accessibility Needs? _____

Special Diet Needs? _____

Name of Roommate: _____

NOTE: If NOT a selected County, the Registration Fee does NOT include your hotel room for 2 nights-OSDA has arranged for a reduced rate of \$98/ night plus fees and taxes for 1 to 2 people in a room at the Ohio University Inn. **Contact the hotel directly to make sleeping arrangements at (866) 593-6661.** You will need a credit or debit card to reserve.

 **2. Support /Ally Name:** _____ Male Female

Address: _____ City: _____ Zip: _____

County of Residence: _____ Phone: (____) ____ - _____

Email: _____

Please include a direct email address for each person attending. Email is used to send details prior to training.

Special Learning or Accessibility Needs? _____

Special Diet Needs? _____

Name of Roommate: _____ (See above NOTE:)

If payment or Purchase Order or PO number is not included, please enter name and mailing address of the person or organization responsible for payment: _____

