Form MUST be entered @ aidb.org/wow

Online registration is a requirement, if no coresponding online registration is found then these forms are null and void. If you need assistance please contact your local AIDB Regional Center or ADRS Local Office.

Waves of Opportunity Workshop

Registration Confirmation

Please PRINT, SIGN, all pages and return with Registration Fee to:

Kelly Shaw
Talladega Regional Center
P.O. Box 698
Talladega, AL 35161
Fax: 256-761-3693
Shaw.Kelly@AIDB.org
Phone: 256-761-3370

Phone:
Name:
Address:
City State Zip
Accessibility Needs:
Outing:
Email:
Shirt Size

Expenses

Participating in “Roommate Search”: Min: Max: Gender:

Family: More than 4:
Roommate 1:
Roommate 2:
Roommate 3:

I owe AIDB up to the total shown in entirity by 8/01/2019 or I will not be ablet to attend WOW.

Hotel:	
Registration:	$ 30.00
Total:	$ 30.00

Signature: Date:

Cost Table	
Family	$355.95
4+	Call
1 Roommate	$177.98
2 Roommate	$118.65
3 Roommate	$89.00

Roomate Search
You will receive a call or email when roomates have been assgned with your final cost.

Form MUST be entered @ aidb.org/wow

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Talladega Regional Center Medical Form

Name: _____ Date of Birth: _____

I give my permission and consent to those individuals responsible for Talladega Regional Center consumers, at Alabama Institute for Deaf and Blind(AIDB), to perform any non-invasive inspection or basic first aid treatment, should it be necessary. I also give my permission for AIDB staff to give consent for any and all necessary medical treatments on the above named individual, specifically including: examinations, medication administration, medical diagnosis or treatment, all of which is to be rendered under the general or special supervision and on the advice of any licensed registered nurse or physician.

Routine Medications:	Physcian
	Name:
	Phone:
	Emergency Contact
Allergies (with reactions):	Name:
	Relationship:
	Phone:
	Alternative Contact
Medical Diagnosis / Special Diet / Orthopedic / Other Needs:	Name:
	Relationship:
	Phone:

I understand that this medical form can be released to other medical service providers for emergency or routine treatments.

Signature: _____ Date: _____