



# INLAND REGIONAL CENTER

*Enhancing Lives*

...valuing independence, inclusion and empowerment

P. O. Box 19037, San Bernardino, CA 92423

Telephone: (909) 890-3000

Fax: (909) 890-3001

## CONFERENCE REQUEST

Date: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

UCI: \_\_\_\_\_

DOB: \_\_\_\_\_

As the parent(s)/guardian(s)/caregiver(s) of \_\_\_\_\_ we are requesting funding for the following:

Early Bird Registration Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Date of Conference: \_\_\_\_\_ Amount: \_\_\_\_\_

Location of Conference: \_\_\_\_\_

**It is important that you return the signed form to your Consumer Services Coordinator at least 30 days prior to the conference to reserve your seat and receive any conference materials. Please print clearly.**

Parent (Father): \_\_\_\_\_

Parent (Mother): \_\_\_\_\_

Address of Consumer: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

cc: Consumer File

**CONFIDENTIAL CONSUMER INFORMATION**

**Inland Counties Regional Center, Inc.**

**See Welfare & Institutions Code, Section 4514**