

November 2018 CMS Region V State Summit

November 2, 2018

Sofitel Chicago Magnificent Mile

20 East Chestnut Street

Chicago, IL 60611



As this year's host organization, INARF is pleased to announce the logistics of the November 2, 2018 CMS Region V State Summit. This event has served as an excellent opportunity for State Associations, Providers, Arc and Government representatives, and both Region V and Central Office CMS Staff to come together for a full-day discussion on critical issues facing individuals with intellectual and developmental disabilities. We look forward to having you join us.

REGISTRATION FORM

Attendee Name: _____

Title: _____

Organization: _____

Organization Address: _____ City: _____ State: _____ Zip: _____

Organization Phone: (____) _____ Cell: (____) _____ Email: _____

HOTEL RESERVATION INFORMATION – Must Reserve by Tuesday, October 9, 2018

For guests requiring overnight accommodations in Chicago, a Guest Room Block has been reserved at the [Sofitel Chicago Magnificent Mile](#) for the evening of Thursday, November 1 at a negotiated rate of \$225 (plus applicable taxes, and parking – est. \$72). To make a reservation(s), please call Sofitel Reservations at (877) 813-7700, during regular business hours Monday – Friday, 8AM – 5 PM CST, and identify yourself as an attendee of the CMS Region V Summit.

ATTENDANCE/AGENDA – Please Register by Tuesday, October 16, 2018

☐ Welcome Reception / Thursday, November 1, 5 – 6:30 PM [Optional]

Informal Meet & Greet – Inside Le Bar, Ground Floor, Sofitel Chicago Magnificent Mile. Cash Bar.

☐ Summit / Friday, November 2, 8 AM – 4 PM / \$105 per Attendee

Chicago Ballroom, 3rd Floor, Sofitel Chicago Magnificent Mile.

The Summit will begin with Registration from 8 – 9 AM. The morning refreshments will include Coffee, Tea, Juice, Whole Fruit and Pastries. Lunch break will occur at noon and will include Assorted Box Lunches.

Please indicate any dietary restrictions: _____

FORM OF PAYMENT - \$105 per Attendee

☐ Visa ☐ MasterCard ☐ Am. Ex. ☐ Check: (Made Payable to INARF, Inc.)

Name on Card: _____

Card Number: _____ Exp. Date: ____/____ CSV: _____

Signature: _____ Date: _____ Billing Zip Code: _____

Receipt will be emailed to the email address provided above.

Please return this form on or before **Tuesday, October 16, 2018** to Nanette Hagedorn, INARF, Director, Member Services by email: Nanette@inarf.org, or fax: (317) 634-3221. For questions and/or additional information, please contact Nanette at the INARF Office: (317) 634-4957.