



For information about a community conversation in another city go to the [DD Council's website](#) or call 517-335-3158.

To register in another city click the link below the date.

Masonic Temple
Marquette, Michigan
Tuesday, April 21, 2015
[Click Here](#)

Treetops Resort
Gaylord, Michigan
Tuesday, May 12, 2015
[Click Here](#)

Cristo Rey Church
Lansing, Michigan
Tuesday, June 2, 2015
[Click here](#)

Comfort Inn
Plainwell, Michigan
Thursday, June 11, 2015
[Click here](#)

Michigan Developmental Disabilities Council

Community Conversation

Friday, April 10, 2015

9:30am-2:00pm

Greater Grace Temple
23500 W Seven Mile Rd.
Detroit, MI 48219

Lunch will be provided

The DD Council wants to hear from **YOU!**

Are you a person with a developmental disability, a family member of a person with a developmental disability, or an advocate for persons with disabilities?

The Michigan Developmental Disabilities Council is gathering information for its next 5-year state plan. This is your chance to tell us what's important to you and what you want the DD Council to do about it. Join us to share your story, explore the challenges that effect your life and talk about the issues that are important to you.

Advanced Registration is Required

To register please complete the form on the back of this flyer or [click here](#)

Registration Deadline:

Monday, March 30, 2015

Organized by the Washtenaw Association for Community Advocacy

For more information or help registering contact:

Jen Gossett at 734-662-1256 ext. 206 or

Jgossett@washtenawaca.org

WASHTENAW
ACA
ASSOCIATION FOR
COMMUNITY
ADVOCACY

4 Ways to Register

Registration Deadline: Monday, March 30, 2015

Online at: <https://www.surveymonkey.com/r/F97CWLG>

or

Fax the form below to: 734-662-2699

or

Email the form below to: Jgossett@washtenawaca.org

or

Mail the form below to:

Washtenaw Association of Community Advocacy
Community Conversation Registration
1100 North Main Street, Suite 205
Ann Arbor, Michigan 48104

-----Cut here and keep the top-----

Name: _____ Organization: _____

Direct Care Worker Name (if they're coming with you) : _____

Address: _____

Phone: _____ Email: _____

Rank the three (3) topics that are the highest priority for you. (1 is the highest)

___ Self-Advocacy (speaking up for yourself) ___ Employment (working in the community)

___ Community Inclusion (being a part of your community) ___ Self-Determination (directing your life)

___ Housing (living where you want) ___ Transportation (getting where you want to go) ___ Other: _____

Please list any accommodations you need to fully participate: _____

Do you have any dietary restrictions: vegetarian vegan gluten free other _____

Do you want to be added to the Michigan Developmental Disabilities Council mailing list? Yes or No