

SA BOARD OF DIRECTORS

This year, 2 of the 5 NYC SA Board of Directors seats are up for election. (The Bronx7 & Queens) You must live or work in the borough of the seat you are running for. Individuals are nominated by themselves or their peers to run for a position on the SA Board. SA Board positions are for 3 year terms. The following is a list of the board member responsibilities:

1. A regional board member is required to attend, & actively participate in four (4) board meetings a year. These meetings are 2 to 3 days long. They are held in the Albany area.
 2. A regional board member is required to travel around the region & participate in various regional activities. A board member may also be required to travel throughout the State. Any expenses associated with traveling while representing SANYS (transportation, lodging and meals) will be paid by the Self-Advocacy Association.
 3. A regional board member is required to actively participate in public presentations. They will be asked to meet with public officials on behalf of the Self-Advocacy Association.
 4. A regional board member must be able to communicate with board advisors, regional GRIP staff & local self-advocacy groups on a regular basis.
 5. These are the minimum requirements for board members. A board member may be asked to assist with, or participate in various self-advocacy activities at the discretion of the Executive Board.
- Email Anna Morgan to nominate someone.
Questions? Call **646.896.1938** and ask for **Anna Morgan or Tim Elliott** or email:

Anna – amorgan@sanys.org
Tim – telliott@sanys.org

Self-Advocacy Association of New York State, Inc.

**New York City Annual
Regional Conference**
Saturday, August 13, 2016
9AM-3PM

Registration begins at
8:30AM



SA PRESENTS:

*RECREATING
SOCIETY'S
VIEWS OF
DISABILITIES*

**PS 79
55 E. 120TH St.**

(Between Madison Ave.
& Park Ave)
Phone: SA Office
646.896.1938
Fax: SA Office
646.912.9243

**Self-Advocacy Association of
New York State, Inc.**
25 Beaver St. Rm 417
New York, NY 10004
Phone: 646-896-1938
Fax: 646-912-9243
Email: nyc@sanys.org

Event Schedule

- Registration, Refreshments & Speak Out.
- Welcoming Remarks & Keynote Speaker.
- Morning Sessions: (Choose one that you wish to attend, and circle it on your form):
 - A) Empowerment. Learn how to take charge of your life & change it for the better.
 - B) Managed Care. What is Managed Care? Is it mandatory? How will it affect my services?
 - C) Hiring Staff. Hiring your own staff through Self-Direction. The do's and don'ts.
 - D) Self-Direction. What is it? How do I access it? How can directing my own services benefit me?
 - E) Preferred Language. What is people first language and Identity first language? When is the right time to use them?
 - Guest Speaker, Lunch, SA Board Elections, RAFFLES and Awards.
 - Afternoon Sessions: (Choose an issue and help make an action plan): (Choose one that you wish to attend, & circle it on your form:
 - F.) Access To Technology. How technology can improve your lifestyle? What's available to you?
 - G.) Relationships. People with disabilities and relationships. What do you want? What are you looking for?
 - H.) Self-Advocacy 101. Discussion on the self-advocacy movement & how it can play a bigger part in an agency's delivery of services.
 - I.) Theater. Discuss ways to show your talents through acting and performance art
 - J.) IEP Diploma. IEP Diplomas not recognized like standard diplomas. Discuss how to advocate to change that.

Wrap Up & Evaluations

Registration Form

- Please return this form with payment. Checks/money orders for \$20.00 should be made out to the "Self-Advocacy Association of New York State, Inc." and mailed to: SANYS, Room 417, 25 Beaver Street, New York, NY 10004.
- Sorry, no scholarships are available.
- Please send one application per each person attending.
- Note which workshop/focus group you wish to attend.
- Registration due by 8/5/16.**
- Please do not wait until the day of the conference to try to register, capacity is 225 & you may be turned away.

NAME: _____

Email: _____

Street Address: _____

PHONE _____

IN CASE OF EMERGENCY CONTACT: _____

NAME: _____

PHONE: (____) _____

Tickets cost \$20.00 per person. This includes the cost of workshops and food. **NOTE: All staff accompanying self-advocates will be expected to pay also.**

Please check one of the following:

- I am a self-advocate.
- I am supporting a self-advocate.
- I am a family member/friend.
- I work for an agency/organization.

Please let us know if you need any special accommodations such as sign language interpretation. **Specify:**

Please let us know if you have food allergies, require a kosher meal or are diabetic. **Specify:**

I wish to attend morning session
(Circle One):

A B C D E

I wish to attend afternoon session
(Circle One):

F G H I J

I will be using Access-A-Ride to attend this event (Circle one):

YES NO