



4th Annual Hopi Disability Awareness Conference

March 18, 2015

Hopi Jr./Sr. High School

Conference Registration

Name _____ Organization _____

Address _____

Phone _____ Email _____

Are you a: Parent Family Member Guardian Educator Service Provider

Other _____

Do you have any special needs or accommodations? Yes No

If yes what accommodations are needed? _____

****Special diet (i.e., purred foods) will not be provided. We apologize for any inconvenience**

MAIL, FAX or EMAIL FORM TO:

Office of Special Needs

Melsa Yowytewa

PO BOX 123

KYKOTSMOVI, ARIZONA 86039

EMAIL: meyowytewa@hopi.nsn.us

PHONE:(928) 734.3412 OR 1 (877) 256-6895

FAX (928) 734-2529

OFFICE USE ONLY:

Date Received: _____

Staff Int. _____
Accommodations: _____

SPONSORED BY: Hopi Early Intervention & Vocational Rehabilitation Programs, AZ Developmental Disabilities Planning Council, & Na Ökalan Totat, Sinmu Pa'angwan Tota, Disability Advocacy Group
With Special Thanks to: Hopi Junior/Senior High School