

2018 SAI Annual Picnic

July 20, 2018 10:00 am—3:00 pm

REGISTRATION FORM

YOU CAN ALSO REGISTER ONLINE at www.saind.org

Individual Registrant _____

AND/OR

SAI Chapter or Agency Name _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

Special Dietary Requests/Other needs (SAI cannot accommodate all requests)

If you are completing registration for a group, you do not need to send separate contact information or forms for each person. Simply write down the number of people from your group and pay accordingly.

of SAI Members/Helpers _____ x \$15 = \$ _____

of Non-Members _____ x \$20 = \$ _____

TOTAL: \$ _____

I am enclosing a check payable to Self-Advocates of Indiana: _____

I will call SAI (317) 224-0249 to pay by credit card: _____



MAIL COMPLETED FORMS TO:

Self-Advocates of Indiana

Re: Picnic

107 North Pennsylvania Street, Suite 800

Indianapolis, IN 46204

