

THE DISABILITY COALITION
2018 Pre-Legislative-Session Forum and
Legislative Advocacy Workshop

REGISTRATION FORM

Name: _____

Organization (if any): _____

Your City/Town: _____

Zip Code: _____

Email: _____

Registration Fee (\$20):

Enclosed is my check for \$20, made out to Disability Rights New Mexico.

I will pay at the door (**cash or check only; no credit or debit cards, please**).

Please let us know which parts of the event you plan to attend:

Morning issues forum

Lunch (*Please let us know if you have any dietary restrictions*):

Afternoon legislative advocacy workshop