



ABILITIES EXPO

Pre-registration Form

If you would like to save time on site, please print and complete this form in advance, then BRING IT WITH YOU TO THE EXPO!

All persons 18 years or older must register separately. Multiple adults can not enter the event under one registration. Persons under 18 are not required to register but must be accompanied by a registered adult. PLEASE PRINT CLEARLY.

Name _____ Title _____ Company _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone # _____ E-Mail address _____

Are you a: (check all that apply)

- | | | | |
|---|--|--|--------------------------------|
| <input type="checkbox"/> Person with a disability | <input type="checkbox"/> Healthcare professional | <input type="checkbox"/> Friend | <input type="checkbox"/> Other |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Dealer/Distributor | <input type="checkbox"/> Family member | |

If other, please indicate: _____

If you are a healthcare professional, please indicate your specialty:

- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Assistive technology professional | <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Registered nurse | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Licensed vocational nurse | <input type="checkbox"/> Physical therapist | <input type="checkbox"/> Rehabilitation therapist | <input type="checkbox"/> Other |

If other, please indicate: _____

I am visiting Abilities Expo because: (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> I am a previous attendee. | <input type="checkbox"/> I am a senior interested in "essentials for seniors." | <input type="checkbox"/> I don't want to miss the interactive adaptive sports, dance performances or other great events and activities. | <input type="checkbox"/> (Healthcare Professionals Only) I am interested in attending special healthcare sessions. |
| <input type="checkbox"/> I want to see new products and services. | <input type="checkbox"/> I am interested in networking with others from the Community of people with disabilities. | | <input type="checkbox"/> Other |
| <input type="checkbox"/> I am interested in going to some of the free workshops. | | | |

If other, please indicate: _____

How did you find out about Abilities Expo? (check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Newark Star-Ledger | <input type="checkbox"/> TV - ABC, Channel 7 | <input type="checkbox"/> www.abilitiesexpo.com | <input type="checkbox"/> Abilities Expo Ambassador |
| <input type="checkbox"/> Philadelphia Inquirer | <input type="checkbox"/> TV - Cable | <input type="checkbox"/> Other website | <input type="checkbox"/> Friends/Family/Acquaintance |
| <input type="checkbox"/> Parent Paper | <input type="checkbox"/> Magazine | <input type="checkbox"/> Direct Mail Postcard | <input type="checkbox"/> Co-worker |
| <input type="checkbox"/> Home News Tribune | <input type="checkbox"/> Search Engine | <input type="checkbox"/> Abilities Buzz E-newsletter | <input type="checkbox"/> Other |
| <input type="checkbox"/> Courier News | <input type="checkbox"/> Google Ad | <input type="checkbox"/> Email | |
| <input type="checkbox"/> AM New York | <input type="checkbox"/> Facebook Ad | <input type="checkbox"/> Flyer | |
| <input type="checkbox"/> Radio | <input type="checkbox"/> StumbleUpon | <input type="checkbox"/> Poster | |

If other, please indicate: _____

Check here if you would prefer **NOT** to receive the *Abilities Buzz*, a monthly e-newsletter that conveys valuable information about people with disabilities and Abilities Expo events.

Photographs: Photographs may be taken on-site during the Abilities Expo for use in future Abilities Expo promotions and communications. By registering for this event, attendees authorize Abilities Expo to use any photographs taken during the Expo, which may include the attendee, in such Abilities Expo promotional materials and activities.