



DEPARTMENT OF HUMAN SERVICES
SENIOR & DISABLED SERVICES DIVISION
500 Summer Street NE
Salem, Oregon 97310-1015
Phone: (503) 945-5811

AUTHORIZED BY: _____

**SDSD Administrator/Deputy/
Assistant Administrator**

INFORMATION MEMORANDUM

SDSD-IM-01-034

Date: March 20, 2001

TO: SDSD District and Unit Managers
AAA Directors
GCSS

SUBJECT: O4AD Quarterly Meeting
May 9, 10, 11, 2001
Red Lion Inn, Salem

INFORMATION: Attached is the registration form the above identified O4AD Quarterly Meeting to be used by SDSD (Central Office) staff, Contract AAA's and Governor's Commission on Senior Services. A separate communication relative to the attendance of DSAC representatives is being issued.

Please note that SDSD will pay registration fees for the above designated staff. Use the attached registration form and submit as soon as possible, and not later than April 18. The registration form should be mailed to:

Lucille Pugh
SDSD Employee Development & Training
500 Summer St NE E04
Salem, OR 97301-1073

Or via FAX to: (503) 373-7902

Local units are responsible for transportation and meals not covered by the registration fee. Questions related to the agenda should be directed to Jacqueline Zimmer (503) 463-8692.

Instructions for registration for: SDDS Central Office staff, AAA Contract Agencies,
SDDS MSO/DSO Offices, Governor's Commission on Senior Services

O4AD Quarterly Business Meeting Registration

May 9, 10 & 11, 2001

Red Lion Hotel, Salem, OR

Corner of Market St and Hawthorne

Hotel Reservations (800) 248-6273

Registration check-in begins Wednesday, May 9 at 11:30 a.m. Plenary session begins at 12pm with lunch. Group meetings begin Thursday 8:30am - 5pm and continue Friday, 8:30am-12pm, ending with lunch. The registration fee covers meeting participation, continental breakfast, refreshments and lunch. Fill out one registration form for each individual attending. Mail or fax completed registration form to: Lucille Pugh, SDDS Employee Development and Training or fax registration to: 503-373-7902.

Deadline for SDDS paid conference registration: April 18, 2001

Name: _____

Address: _____ Phone: _____

Agency Responsible for Payment: SDDS

(Mark all that apply)

Wed: _____ \$65 Thurs: _____ \$65 Fri: _____ \$60 All 3 days _____ \$190

SDDS will not pay late registration fee

Late registration fee (after April 23) _____ \$10

Please indicate which group you will be meeting with:

_____ AAA Directors _____ Program Managers _____ Nutrition Managers _____ DSAC

_____ Contract/Fiscal Managers _____ SAC Chairs/Member

_____ Attendant - please see reverse

Please note specific dietary restrictions or special needs (ie. Braille, audio tapes, etc):

Please help with space arrangements:

Would you like a raised table for your meeting and/or lunch?

Office use only	Date _____
Agency _____	
Ck # _____	

O4AD 3410 Cherry Ave NE Ź P.O. Box 12189 Ź Salem, OR 97309

(503) 463-8692 Ź fax 463-8715

O4AD Quarterly Business Meeting

Disability Attendant Registration

May 9-11, 2001

Red Lion Hotel, Salem, OR

Your Name: _____

Name of the person you are accompanying: _____

Phone # for that person: _____

Agency responsible for payment: _____

Address: _____ Phone: _____

Cost of meals will be \$35/day. Please indicate the day(s) you will be in attendance.

Wed **ONLY**

Thurs **ONLY**

Friday **ONLY**

ALL 3 days

May 9 _____ \$35

May 10 _____ \$35

May 11 _____ \$35

May 9-11 _____ \$100

Please indicate any dietary restrictions or special needs:
