



## *The Self-Advocacy Association of New York State*

*Invites you to participate in our  
Annual State Conference!*

**“Self-Advocacy: For the People, By the People”**

**Thursday – Saturday  
September 6th, 7th, and 8th, 2018  
Albany Marriott  
189 Wolf Rd., Albany, NY**

***All conference registrations and payments due by August 1, 2018***

**SANYS  
500 Balltown Road  
Building 12B  
Schenectady, NY 12304**

**(518) 382-1454  
Fax: (518) 382-1594  
E-Mail: [conf18@sanys.org](mailto:conf18@sanys.org)**



## **CONFERENCE AGENDA:**

### **Thursday, September 7<sup>th</sup>:**

Registration	1:00 pm – 6:00 pm
Mini Sessions	2:00 pm – 5:45 pm
Dinner & Awards	6:00 pm – 7:00 pm
Keynote Presentations	7:00 pm – 8:30 pm
DJ Dance Party	8:30 pm – 11:30 pm

### **Friday, September 8<sup>th</sup>:**

Registration	9:00 am – 1:00 pm
Annual Members Meeting	8:00 am – 9:00 am
Focus Groups	9:30 am – 11:15 am
Lunch & Keynote Presentations	11:45 am – 1:45 pm
Workshops Session I	2:30 pm – 3:30 pm
Workshop Session II	3:45 pm – 5:00 pm
Banquet	6:00 pm – 7:45 pm
Awards Ceremony	7:45 pm – 9:00 pm
Dance Party	9:00 pm- Midnight

### **Saturday, September 9<sup>th</sup>:**

Breakfast	8:00 am – 9:00 am
Closing Ceremonies	9:00 am -10:30 am

“Golden Key” Award to Marriott Staff



## CONFERENCE HIGHLIGHTS

Our theme this year is:

### **Self-Advocacy: For the People, By the People**

It is time that everyone recognize that Self-Advocacy is about people standing up for their rights as citizens. After all we are all citizens in a nation founded “for the people by the people”. We have the same rights as all other citizens. So let’s speak up to make our lives and the lives of others better.

**Mini Sessions:** Thursday afternoon we will have mini sessions involving movement, music, meditation, games, and speak outs.

### **New This Year!**

**Friday Morning Annual Members Meeting/Breakfast:** In place of the regional breakfasts, we will all be coming together this year to hear from our board of directors and administration. As always, we want to hear from you, so members of the board of directors will take questions and comments toward the end of breakfast.

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### **Entertainment**

**Thursday - DJ & Dancing**

**Friday -Dance Theme to be announced**

**Maybe you’ll win the COSTUME PRIZE!**

### **SATURDAY MORNING EVENTS**

#### **Group Breakfast & Closing Ceremonies:**

We will eat breakfast all together with a program that includes speakers, music, and handing out the Golden Key to a Marriott staff person who has gone above and beyond. We will rally together, energized with a message to carry back home with us.

## WORKSHOPS & FOCUS GROUPS

We will have a wide variety of workshops and focus groups that will provide us with great opportunities for learning and networking. **Here is a partial list of topics, mini sessions, workshops and focus groups we are planning:**

- Commissioner's Forum
  - Songs of Self-Advocacy
  - Care Coordination
  - Diversity in the Self-Advocacy Movement
  - Transportation Advocacy
  - Arts and Advocacy Performance
  - Autism and Self-Advocacy
- Supported Decision Making
  - OPWDD Transformation
  - Bullying Prevention
  - Partners in Policymaking
  - LGBTQIA
  - Leadership Training
  - Health and Well-being

**We have lots more activities planned. Watch the SANYS web site for updates - [www.sanys.org](http://www.sanys.org).**

## AWARD NOMINATIONS

Let us know which self-advocate, group, advisor, direct support professional, or organization you think is the most deserving of an award. **Please take some time to fill out and send in the awards nomination form on pages 13 & 14.**

## REGISTRATION INFORMATION

### Hotel Accommodations

**You will make your own room reservations and payments directly with the hotel.**

**The conference will be held at the Albany Marriott, 189 Wolf Rd., Albany, NY**

**Conference room rates are as follows:**

\$136 per room, per night. Up to four guests can share a room and the costs. If you would like a cot in the room, there is an additional charge of \$25 per cot per night.

***In order to receive these special room rates, be sure to tell the Marriott that you are attending the Self-Advocacy Conference.*** These rates do not include tax. If you are sponsored by an agency, be sure the Marriott has a tax-exempt form from your organization.

## ACCESSIBLE ROOMS

### Availability of Accessible Rooms Is Very Limited

The Marriott has several accessible rooms. Please see the following descriptions for room selection:

#### Room Type 1:

Accessible room with roll in shower (the shower will accommodate a wheelchair or roll in shower chair): They have 4 of this type. Located on 4 floors.

#### Room Type 2:

Accessible Room with low threshold shower entry (the shower in this room will not accommodate a wheelchair or roll in shower chair, but is more accessible than standard showers): There are 15 rooms of this type, with low shower entry, extra grab bars.

#### Room Type 3:

Standard Room: They have 340 rooms of this type. Each has sliding glass doors, with a 4-inch step over to get in the shower and no extra grab bars. Can easily accommodate shower chairs for those who require them.

\*The Marriott has doubles and kings for partially accessible and standard rooms. The fully accessible rooms are all king beds with sofa sleepers. Each wheel in shower room connects to either a king or a double standard room.

### If You Need an Accessible Room:

**Call and request a room at the Marriott and they will be happy to assist you.  
Marriott Hotel (518) 458-8444**

**If the Marriott no longer has a room available, please refer to the “Hotel Contacts” list.**

## HOTEL CONTACTS

#### Other Hotels:

<b>Best Western Wolf Road</b>	<b>(518) 458-1000</b>	<b>Holiday Inn Western Avenue</b>	<b>(518) 438-0001</b>
<b>Holiday Inn Wolf Road</b>	<b>(518) 458-7264</b>	<b>Homewood Suites Wolf Road</b>	<b>(518) 438-4300</b>
<b>Hampton Inn Wolf Road</b>	<b>(518) 438-2822</b>		

## LOCAL TRANSPORTATION:

#### Paratransit Requests (STAR):

For paratransit from the train or bus station or to get around while you are here in Albany, take the following steps:

1. Contact your local paratransit company a month or so before the conference
2. Tell them you will be attending conference in Albany
3. Give them the dates
4. They will contact CDTA with your information
5. Contact CDTA 518-437-8378 to verify that they received your information
6. To make your reservation call CDTA 518-482-2022, press 3. It is best to do this **one week before the conference, but at minimum 48 hours prior**
7. Changes/Cancellations should be made at least 24 hours in advance by calling 518-482-2022
8. Please make sure you contact CDTA if you are not going to be taking your trips
9. If you are riding with a guest they ride for free. **If you are not enrolled in paratransit, you may be able to ride as a guest of another conference attendee.**
10. Your trip is \$2.50 each way.

If you have any questions or concerns about this process you can call Shameka Andrews at 518-382-1454.

**Public bus:** A single ride will cost \$1.50 and is the cheapest option to get around Albany. Use their Trip Planner to find the best route to your destination at [triplanner.cdta.org](http://triplanner.cdta.org) or download the CDTA iRide app on your smartphone. You can also call **518-482-8822** and a customer service representative will help you find your route.

**Taxis:** This is the most expensive option. Accessible taxis are available but limited in number, so they should be requested in advance.

Capitaland Taxi: 518-453-8888

Capital City Taxi: 518-478-6994

### **FUNDS FOR SUPPORT STAFF**

Some funding will be available to those who live on their own and who have limited support from organizations to help their support staff attend.

Funds for support staff will be available on a first-come, first-served basis, so please do not delay! For more information, please call the SA office at (518) 382-1454.

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**Please make sure you send in your registration for the conference **as well as** making your hotel reservation. **These are two separate processes.** If you have a hotel room and are not registered for the conference, you will not be able to attend.**

## REGISTRATION

As attendance for our State Conference has grown, we have had to limit the number of registration options to either the Full Conference or All Day Friday. This will allow us to provide a more meaningful conference experience for as many guests as practical.

**FULL CONFERENCE:                \$185.00**

Enjoy the whole conference experience of learning and networking, good food, and fun. This includes registration for all conference activities and meals for the three days.

**ALL DAY FRIDAY                \$125.00**

Workshops & Focus Groups, Lunch and Evening Banquet

**REGISTER NOW!  
SPACE IS LIMITED!**

**PAYMENT POLICY**

**The popularity of our State Conference has continued to grow and we must ask that everyone register and pay before the Conference so that we can efficiently accommodate the large number of attendees.**

**WE MUST RECEIVE YOUR PAYMENT BY MONDAY, 8/01/18, FOR YOU TO BE REGISTERED FOR THE CONFERENCE.**

**NO REGISTRATIONS WILL BE ACCEPTED AT THE CONFERENCE.**

***EVERYONE, INCLUDING SUPPORT PEOPLE MUST BE PRE-REGISTERED AND PREPAID  
THANK YOU FOR YOUR COOPERATION!***

**Conference registration forms including payment may be mailed to:**

**Self-Advocacy Association of NYS, Inc.  
500 Balltown Rd, Bldg. 12B  
Schenectady, NY 12304  
Or Fax to: (518) 382-1594.  
*Please call to confirm the fax***

**Make your check or money order payable to “SANYS”.**

## **CANCELLATION POLICY**

If you need to cancel this registration, please e-mail [CONF18@sanys.org](mailto:CONF18@sanys.org) or call our office at (518) 382-1454. You will receive a cancellation confirmation number.

## **NEW THIS YEAR: GROUP REGISTRATION AND PAYMENT**

**If you are from a provider agency and are registering a group of people, please do not** complete online registration. We ask that you use the group registration form (pages 11-12) and please mail your form along with payment to:

**Self-Advocacy Association of NYS, Inc.**  
**500 Balltown Rd, Bldg. 12B**  
**Schenectady, NY 12304**  
Or Fax to: (518) 382-1594.  
e-mail: [conf18@sanys.org](mailto:conf18@sanys.org)  
***Please call to confirm the fax***

If you fax or e-mail your registration forms you will be considered pre-registered but will not be registered until payment is received. **Payment must be received by August 1, 2018 or you will be removed from the registration list.**

- IF YOU DO NOT YET KNOW WHICH SUPPORT STAFF WILL BE COMING, PLEASE INDICATE "STAFF" FOR FIRST NAME & "AGENCY" FOR LAST NAME (for example: Staff - Arc of Orange County). For additional staff, just put "staff 2 as first name and agency name for last name (for example: Staff 2 – Arc of Orange County). **Please note that we will need the staff name by August 31, 2018.**

## **QUESTIONS?**

**If you have any questions or need help, please send an e-mail to:**  
**[conf18@sanys.org](mailto:conf18@sanys.org)**  
**or call our office at (518) 382-1454.**



## SANYS STATE CONFERENCE REGISTRATION FORM

<b>Mr.</b> <b>Ms.</b> (please circle)	<b>First Name</b>		<b>Last Name</b>	
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<b>Mailing Address</b>	Street/PO box:	City:	Zip:
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<b>Email Address:</b>	
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<b>Home Phone:</b>	
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<b>Cell Phone:</b>	
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<b>BILLING INFORMATION</b> *Please fill out if someone else is paying for you. Please include the name of the company if a provider organization is paying.
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<b>*Billing Contact</b>	First Name:	Last Name:	Title:
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<b>Company:</b>	
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<b>Billing Address:</b>	Street/PO box:	City:	Zip:
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<b>Billing E-mail:</b>	
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<b>Billing Phone:</b>	
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<b>Billing Fax:</b>	
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<b>What is your SANYS Region?</b> Regions are listed below with the name of their Regional Coordinators.  (circle one)	<b>NYC</b> Evan Yankey	<b>Long Island</b> Bridget Cariello	<b>Lower Hudson Valley</b> Sandra Mislow	<b>Capital District/Upper Hudson</b> Cynthia Gilchrist
	<b>Central</b> Dan Flanigan	<b>Western/Buffalo</b> Sophia Roberts	<b>Western/Finger Lakes</b> Sue O'Hearn	<b>I DON'T KNOW</b>

<b>Please circle the category that best describes you</b>	<b>Self-Advocate</b>	<b>Family Member</b>	<b>Provider Agency</b>
	<b>Association Staff</b>	<b>OPWDD</b>	<b>SANYS Employee or SANYS Board Member</b>
	<b>Other</b>		

<b>If you receive supports from an agency or are employed by an agency, please list it</b>	
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**PLEASE SELECT YOUR CONFERENCE OPTION & RETURN IT TO US WITH REGISTRATION FORMS (Pages 9 - 10) AND YOUR PAYMENT (CHECK, MONEY ORDER) BY AUGUST 1, 2018.**

<input type="checkbox"/> <b>FULL CONFERENCE:</b> Enjoy the whole conference experience of learning and networking, good food and fun. This includes registration for all conference activities and meals for the three days.	<b>\$185.00</b>
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<input type="checkbox"/> <b>ALL DAY FRIDAY</b> (LUNCH & EVENING BANQUET)	<b>\$125.00</b>
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<b>PLEASE INDICATE ANY ACCOMMODATIONS YOU NEED:</b>	<input type="checkbox"/> ACCESSIBLE ROOM <input type="checkbox"/> SIGN LANGUAGE INTERPRETER	<input type="checkbox"/> BRAILLE <input type="checkbox"/> LARGE PRINT <input type="checkbox"/> VEGETARIAN MEALS	<input type="checkbox"/> SPECIAL DIET (PLEASE CONTACT SANYS WITH DETAILS)
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**If you are from a provider agency and you are registering a group of people, please complete a group registration form (pages 11 - 12). Otherwise, please fill out an individual form for each person attending, including support staff.**

- IF YOU DO NOT YET KNOW WHICH SUPPORT STAFF WILL BE COMING, PLEASE INDICATE "STAFF" FOR FIRST NAME & AGENCY FOR LAST NAME (for example: Staff - Arc of Orange County). For additional staff, just put "staff 2 as first name and agency name for last name (for example: Staff 2 - Arc of Orange County). ***SUPPORT STAFF MUST ALSO REGISTER AND PAY FOR THE CONFERENCE.***

**Conference registration forms including payment may be mailed to:**

**Self-Advocacy Association of NYS, Inc.**  
**500 Balltown Rd, Bldg. 12B**  
**Schenectady, NY 12304**  
 Or Fax to: (518) 382-1594.

***Please call to confirm your fax was received!***

Make your check or money order payable to "SANYS" or  
 "Self-Advocacy Association of NYS, Inc."

here. You can also list your Self Advocacy Group affiliation.

# SANYS STATE CONFERENCE GROUP REGISTRATION FORM

Please print extra copies of this page to accommodate the total number of your group

## GROUP NAME:

<b>Name</b>	First:  Last:	<b>Person's e-mail</b>		<input type="checkbox"/> Self Advocate <input type="checkbox"/> Family Member <input type="checkbox"/> Staff <input type="checkbox"/> Other
<b>PLEASE INDICATE ACCOMMODATIONS YOU NEEDED (if any):</b>		<input type="checkbox"/> ACCESSIBLE ROOM <input type="checkbox"/> SIGN LANGUAGE INTERPRETER	<input type="checkbox"/> BRAILLE <input type="checkbox"/> LARGE PRINT <input type="checkbox"/> VEGETARIAN MEALS	<input type="checkbox"/> SPECIAL DIET (PLEASE CONTACT SANYS WITH DETAILS)
<b>Name</b>	First:  Last:	<b>Person's e-mail</b>		<input type="checkbox"/> Self Advocate <input type="checkbox"/> Family Member <input type="checkbox"/> Staff <input type="checkbox"/> Other
<b>PLEASE INDICATE ACCOMMODATIONS YOU NEEDED (if any):</b>		<input type="checkbox"/> ACCESSIBLE ROOM <input type="checkbox"/> SIGN LANGUAGE INTERPRETER	<input type="checkbox"/> BRAILLE <input type="checkbox"/> LARGE PRINT <input type="checkbox"/> VEGETARIAN MEALS	<input type="checkbox"/> SPECIAL DIET (PLEASE CONTACT SANYS WITH DETAILS)
<b>Name</b>	First:  Last:	<b>Person's e-mail</b>		<input type="checkbox"/> Self Advocate <input type="checkbox"/> Family Member <input type="checkbox"/> Staff <input type="checkbox"/> Other
<b>PLEASE INDICATE ACCOMMODATIONS YOU NEEDED (if any):</b>		<input type="checkbox"/> ACCESSIBLE ROOM <input type="checkbox"/> SIGN LANGUAGE INTERPRETER	<input type="checkbox"/> BRAILLE <input type="checkbox"/> LARGE PRINT <input type="checkbox"/> VEGETARIAN MEALS	<input type="checkbox"/> SPECIAL DIET (PLEASE CONTACT SANYS WITH DETAILS)
<b>Name</b>	First:  Last:	<b>Person's e-mail</b>		<input type="checkbox"/> Self Advocate <input type="checkbox"/> Family Member <input type="checkbox"/> Staff <input type="checkbox"/> Other
<b>PLEASE INDICATE ACCOMMODATIONS YOU NEEDED (if any):</b>		<input type="checkbox"/> ACCESSIBLE ROOM <input type="checkbox"/> SIGN LANGUAGE INTERPRETER	<input type="checkbox"/> BRAILLE <input type="checkbox"/> LARGE PRINT <input type="checkbox"/> VEGETARIAN MEALS	<input type="checkbox"/> SPECIAL DIET (PLEASE CONTACT SANYS WITH DETAILS)
<b>Name</b>	First:  Last:	<b>Person's e-mail</b>		<input type="checkbox"/> Self Advocate <input type="checkbox"/> Family Member <input type="checkbox"/> Staff <input type="checkbox"/> Other
<b>PLEASE INDICATE ACCOMMODATIONS YOU NEEDED (if any):</b>		<input type="checkbox"/> ACCESSIBLE ROOM <input type="checkbox"/> SIGN LANGUAGE INTERPRETER	<input type="checkbox"/> BRAILLE <input type="checkbox"/> LARGE PRINT <input type="checkbox"/> VEGETARIAN MEALS	<input type="checkbox"/> SPECIAL DIET (PLEASE CONTACT SANYS WITH DETAILS)
<b>Name</b>	First:  Last:	<b>Person's e-mail</b>		<input type="checkbox"/> Self Advocate <input type="checkbox"/> Family Member <input type="checkbox"/> Staff <input type="checkbox"/> Other
<b>PLEASE INDICATE ACCOMMODATIONS YOU NEEDED (if any):</b>		<input type="checkbox"/> ACCESSIBLE ROOM <input type="checkbox"/> SIGN LANGUAGE INTERPRETER	<input type="checkbox"/> BRAILLE <input type="checkbox"/> LARGE PRINT <input type="checkbox"/> VEGETARIAN MEALS	<input type="checkbox"/> SPECIAL DIET (PLEASE CONTACT SANYS WITH DETAILS)

<b>What is your SANYS Region?</b> Regions are listed below with the name of their Regional Coordinators.  <p style="text-align: center;"><b>(circle one)</b></p>	<b>NYC</b> Evan Yankey	<b>Long Island</b> Briget Cariello	<b>Upper Hudson Valley</b> Sandy Mislow	<b>Capital District/Upper Hudson Valley</b> Cynthia Gilchrist
	<b>Central</b> Dan Flanigan	<b>Western/Buffalo</b> Sophia Roberts	<b>Western/Finger Lakes</b> Sue O’Hearn	<b>I DON’T KNOW</b>

• IF YOU DO NOT YET KNOW WHICH SUPPORT STAFF WILL BE COMING, PLEASE INDICATE "STAFF" FOR FIRST NAME & AGENCY FOR LAST NAME (for example: Staff - Arc of Orange County). For additional staff, just put "staff 2 as first name and agency name for last name (for example: Staff 2 - Arc of Orange County). ***SUPPORT STAFF MUST ALSO REGISTER AND PAY FOR THE CONFERENCE.***

<b>BILLING INFORMATION</b>	<b>*Please include the name of the company if a provider organization or other company is paying.</b>
<b>*Billing Contact:</b>	First Name: _____ Last Name: _____ Title: _____
<b>Company:</b>	_____
<b>Billing Address:</b>	Street/PO box: _____ City: _____ Zip: _____
<b>Billing E-mail:</b>	_____
<b>Billing Phone:</b>	_____
<b>Billing Fax:</b>	_____
<b>Payment:</b>	Please make checks payable to: <b>"SANYS"</b> Please mail check(s) together with this registration form to: <p style="text-align: center;"><b>Self-Advocacy Association of NYS, Inc.</b>  <b>500 Balltown Rd, Bldg. 12B</b>  <b>Schenectady, NY 12304</b>  Or Fax to: (518) 382-1594.  <b><i>Please call to confirm the fax</i></b></p>



## 2018 SANYS STATEWIDE CONFERENCE AWARD NOMINATIONS



**Check the circle for the box for category your nomination is for.**

- **Self-Advocate of Year** A person who has worked hard to speak up for themselves and others and has done something that has improved the community for other people with developmental disabilities.
- **Self-Advocacy Group of the Year** A group that has done something in the past to improve the lives of people with developmental disabilities.
- **Advisor of the Year** A self-advocacy group advisor who helped to make your group stronger.
- **Direct Support Professional of the Year** A DSP that has worked hard to improve the lives of people with developmental disabilities and has done something to support self-advocacy.
- **Agency of the Year** An organization that really knows how support self-advocacy.
- **Media Award** A person or team that has done a great story on people with developmental disabilities or self-advocacy.
- **Steve Holmes Lifetime Achievement Award:** For someone who has done great work for self-advocacy for more than 20 years.

Name of the Person Making the  
Nomination \_\_\_\_\_

Phone Number/Email \_\_\_\_\_

Award Category \_\_\_\_\_

Name of Person Nominated \_\_\_\_\_

Title of Person Nominated \_\_\_\_\_

Organization \_\_\_\_\_

Phone Number/Email \_\_\_\_\_

On a separate sheet of paper or on the back of this page, write a description of why you feel this person, group or organization deserves the award. **SEND YOUR NOMINATION TO YOUR SANYS' REGIONAL COORDINATOR BY AUGUST 14, 2018.**

### **SANYS REGIONAL COORDINATORS**

**Capital District/Upper Hudson Valley:** 518-382-1454

Cynthia Gilchrist; [cgilchrist@sanys.org](mailto:cgilchrist@sanys.org)

500 Balltown Rd. Bldg. 12, Schenectady, NY 12304

**Lower Hudson Valley:** 914-338-7235

Sandra Mislow; [smislow@sanys.org](mailto:smislow@sanys.org)

C/O Westchester Disabled On the Move, Inc., 984 North Broadway, Suite LL-10  
Yonkers, NY 10701

**Long Island:** 631-434-6936

Bridget Cariello; [bcariello@sanys.org](mailto:bcariello@sanys.org)

415A Oser Ave., Hauppauge, NY 11788

**NYC:** 646-469-1875

Evan Yankey; [eyankey@sanys.org](mailto:eyankey@sanys.org)

25 Beaver St, 4th Floor, Room 417, New York, NY 10004

**Western/Finger Lakes:** 585-461-8741

Susan O'Hearn; [sohearn@sanys.org](mailto:sohearn@sanys.org)

620 Westfall Road, #652, Rochester, NY 14620

**Western/Buffalo:** 716-560-9307

Sophia Roberts; [western@sanys.org](mailto:western@sanys.org)

1200 East & West Road Bldg 16., West Seneca, NY 14224

**Central:** 315-473-6927

Dan Flanigan; [centeral@sanys.org](mailto:centeral@sanys.org)

1005 W. Fayette St., Suite 1A, Syracuse, NY 13204