



INLAND REGIONAL CENTER

...valuing independence, inclusion and empowerment

P. O. Box 19037, San Bernardino, CA 92423

Telephone: (909) 890-3000

Fax: (909) 890-3001

CONFERENCE REQUEST EFFECTIVE 7/1/17 – 6/30/18

Date: _____

Consumer Name: _____

UCI: _____

DOB: _____

As the parent(s)/guardian(s)/caregiver(s) of _____ we are requesting funding for the following:

Name of Conference: _____

Date of Conference: _____ Amount: _____

Location of Conference: _____

It is important that you return the signed form to your Consumer Services Coordinator at least 30 days prior to the conference to reserve your seat and receive any conference materials. Please print clearly.

Parent (Father): _____

Parent (Mother): _____

Address of Consumer: _____

City, State, Zip: _____

Telephone: (____) _____

Signature Date

Signature Date

cc: Consumer File

CONFIDENTIAL CONSUMER INFORMATION
Inland Counties Regional Center, Inc.
See Welfare & Institutions Code, Section 4514