



Franklin County Board of DD  
Ohio Self Determination Association

**Register TODAY!**

# Project STIR™ Training

Steps Toward Independence  
and Responsibility

October 17-19  
Columbus

Deadline: September 24, 2017



**WHO?** OSDA invites 30 youth and adults who live with disabilities to this three-day Project STIR™ training. As a participant, you will need a support person--called an ally--to come with you. Your ally may be a family member, staff person or friend. Your ally will join you in the training and assist you. After the training, your ally should be willing to help you advocate and become a leader.

**WHAT?** Project STIR™ will give you the tools to help advocate for yourself, connect with others, and gain leadership skills. Trainers will present information, give demonstrations, and involve people in small group activities and role plays.



You will learn about:

- How to stand up for yourself
- How to speak up about things that are important to you
- How to become a leader
- How to solve problems
- Your rights and responsibilities
- How to start a local network group
- How to look for a job

**WHEN?** Training begins: Tuesday, October 17 at 12:30 pm  
Training ends: Thursday, October 19 at 5:00 pm.

**WHERE?** Holiday Inn – Worthington  
7007 N. High Street, Worthington, OH 43085  
(614) 436-0700, [www.holidayinn.com/hotels/us/en/worthington](http://www.holidayinn.com/hotels/us/en/worthington)  
Note: OSDA will make all hotel reservations.

**REGISTRATION FEE:** \$575-OSDA Members/\$650-Non-Members, covers the expenses below for both you and your ally: **Not a member?** Join now at the OSDA website, then register at the Member fee. <http://www.osdaohio.org/pricing/>

- All program materials, notebooks and handouts.
- Hotel room for two nights, double occupancy. (If requested, single-room occupancy may be arranged at an additional fee of half the room cost.)
- Breakfast and lunch on Wednesday and Thursday. Afternoon snacks all days. Dinner each evening is “on your own.” No meals on Tuesday.

If you receive SELF Waiver services, you may arrange to pay part (\$260) through Participant Directed Goods and Services. Contact Dana Charlton

If you are a resident of Franklin County, financial assistance may be requested from the Franklin County Board of DD. Contact Crystal Schneider prior to 9/6/17. Email: [crystal.schneider@fcbdd.org](mailto:crystal.schneider@fcbdd.org) or Fax: (614) 342-5590

**Registration deadline is September 24, 2017.**

Complete the Registration Form and email or mail to OSDA at the address below

OSDA, 705 Lakeview Plaza Blvd, Suite E, Worthington, OH 43085

Email: [osda2011@gmail.com](mailto:osda2011@gmail.com)

Make checks or POs payable to OSDA

**OTHER DETAILS:** You will receive a “Certificate of Participation” and materials to train others. If you participate in all days, 18 hours of CEUs will be provided; no partial credit is available. Specific details about the training will be emailed to participants and allies about one week before the training.

**Thank you to the Franklin County Board of DD for sponsoring this Training.**

For more information, contact: Dana Charlton, [OSDA2011@gmail.com](mailto:OSDA2011@gmail.com), (614) 562-1375.

Project STIR™ was developed by the University of North Carolina, Chapel Hill.

OSDA 8/21/17



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# REGISTRATION

## Project STIR™ Training – October 17-19, 2017

Deadline: September 24, 2017.

You will receive email confirmation of your registration.

PLEASE PRINT

1. Participant's name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Email (required) \_\_\_\_\_

Accommodation needed-please explain what \_\_\_\_\_

Special diet needed-please explain what \_\_\_\_\_

Name of roommate \_\_\_\_\_

I am requesting single-room occupancy and agree to pay an additional hotel fee of \$97.90.

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Ally/support person \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Email (required) \_\_\_\_\_

Accommodation needed-please explain what \_\_\_\_\_

Special diet needed-please explain what \_\_\_\_\_

Name of roommate \_\_\_\_\_

I am requesting single-room occupancy and agree to pay an additional hotel fee of \$97.90.

Signature \_\_\_\_\_ Date \_\_\_\_\_