



OCEAN STATE CENTER FOR INDEPENDENT LIVING

Options | Solutions | Choices for Independent Living

# Independent Living Conference

## SAVE THE DATE

Thursday | September 15, 2016 | 8am-2pm

Crowne Plaza, Warwick, RI

**Keynote: NEADS—National Education for Assistance Dog Services**

**Presenter: John Moon**

### Workshops

- Options for Deaf and Hard of Hearing
- Exploring IL Service Options in RI
- iPhone – Solutions for increased independence
- Laugh Yoga
- Life After Disability – Life Goes On
- Managing Personal Care (PCAs)
- YMCA Connection

**Where: Crowne Plaza Hotel  
801 Greenwich Ave, Warwick, RI**

**When: 8 am – 2 pm**

- **Cost: Consumers - \$10\***  
*(Scholarships available)*
- **Agencies/Service Providers - \$50\***

For more information or to register, visit our website at [www.oscil.org](http://www.oscil.org).

For questions about the conference, call our office at 401-738-1013 or email [lynne.powers@oscil.org](mailto:lynne.powers@oscil.org).

\* Includes Seated Luncheon

**Registration Deadline is September 8<sup>th</sup>.**



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Thurs. | Sept 15, 2016 | 8am-2pm | Crowne Plaza | 801 Greenwich Ave, Warwick, RI

## Workshop Registration Form

**Registration Deadline  
is Sept 8th.**

**Keynote: NEADS—National Education for Assistance Dog Services**

**Presenter: John Moon**

**Workshop Session 1** (Choose one)

**1A**— Life After Disability—Life Goes On

**1B**— iPhone— Solutions for Increased Independence

**1C**— Laugh Yoga / YMCA Connection

**Workshop Session 2** (Choose one)

**2A**— Communications Options for Deaf and Hard of Hearing

**2B**— Managing Personal Care Attendants (PCAs)

**2C**— Exploring IL Service Options in RI

Make checks  
Payable to OSCIL  
and mail to:

**OSCIL**  
**1944 Warwick Avenue**  
**Warwick, RI 02889**  
**Attn: IL Conference**

To request accommodations, please contact us 2 weeks in advance. ASL interpreters and CART have been secured.

We request that all attendees refrain from wearing scented care products so the event is accessible to those with environmental sensitivities.

----- Clip here and return portion below -----

Name \_\_\_\_\_

Agency/Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email address (please print clearly) \_\_\_\_\_

Phone # \_\_\_\_\_

Workshops: Choose one workshop from each session: Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_

Consumer \$10\* \_\_\_\_\_ Agency/Service Provider \$50\* \_\_\_\_\_

I am a consumer who wishes to apply for a scholarship \_\_\_\_\_

\*Includes seated luncheon.  
Check here for vegetarian (pasta) option \_\_\_\_\_