

<p><b>A FREE Virtual Event for Job Seekers with Disabilities</b></p>	 <p><b>DMD</b> DISABILITY MENTORING DAY <small>Career Development for the 21st Century</small></p> <p><a href="http://www.dmdinkc.org">www.dmdinkc.org</a></p>	<p><b>Greater Kansas City Disability Mentoring Day</b></p> <p><b>Wednesday, November 4, 2020</b> 9:00 – 11:30AM</p>
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*2020 is the 16<sup>th</sup> Anniversary of Kansas City Disability Mentoring Day Events*

**All Persons Participating Must Complete and Submit a Separate Registration Form**

**Register by October 21 to Receive a Web Link to the On Line Zoom Event**

**Email address required to receive link**

**I plan to participate in the November 4 Zoom event:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ TTY: \_\_\_\_\_

**Which describes you best?**

High School Senior or Transition Student     College Student     Adult Job Seeker

Parent/Family/Guardian     Educator/Support Advocate     Service Provider

Organization ***if Educator or Service Provider:*** \_\_\_\_\_

Organization Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

***Job Seekers and Students please complete both pages of this registration form***

**Zoom is Required to Participate**

**Only 100 Zoom Logins Are Available for the Event**

***Group Participation Using a Single Login is Encouraged***

***Zoom Instructions will be sent by Email with Registration Confirmation***

**Job Seekers or Students Only**

**For Statistical Purposes Only** - DMD Kansas City does not share names and other personal information.

**Please Indicate** Gender \_\_\_\_\_ Prefer Not to Answer

Age: 21 and under  22-45  46-64  65 & Over  Prefer Not to Answer

**Please Indicate Your Disability** (check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Low Vision/Blind    | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Hard of Hearing/Deaf    | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mental Health       |
| <input type="checkbox"/> Spectrum/Autism         | <input type="checkbox"/> TBI                 | <input type="checkbox"/> Other _____         |

**Were you referred by or attending with an organization, school or another person?**

Name: \_\_\_\_\_

***An American Sign Language Interpreter (ASL) will be present during the event***

***Are you interested in closed captioning? \_\_\_\_ Yes \_\_\_\_ No***

***Would you be interested in online access to an archived version of the event? \_\_\_\_ Yes \_\_\_\_ No***

**Mail completed registration form(s) to:** DMDKC, P.O. Box 40112, Overland Park, KS 66204-0112

**Completed registration forms can be scanned and emailed as attachment to DMDinKC@aol.com**

**Direct questions to:** DMDinKC@aol.com or Brian Ellefson (913) 239-9776

<p><b>Event Sponsor</b></p>  <p><b>Persons with Disabilities Advisory Board</b> www.olatheks.org</p>	 <p><b><i>This is Our 16th Annual Disability Mentoring Day Event!</i></b></p>	<p><b>Event Sponsor</b></p>  <p><b>S.A.V.E.</b> SOUTHERN AFRICA VOLUNTEER ENTERPRISE, INC.</p>
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