

<p>A FREE Virtual Event for Job Seekers with Disabilities</p>	 <p>DMD DISABILITY MENTORING DAY <small>Career Development for the 21st Century</small></p> <p>www.dmdinkc.org</p>	<p>Greater Kansas City Disability Mentoring Day</p> <p>Wednesday, November 3, 2021 9:00AM – Noon</p>
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2021 is the 17th Anniversary of Kansas City Disability Mentoring Day Events

All Persons Participating Must Complete and Submit a Separate Registration Form

Register by October 22 to Receive a Web Link to the On Line Zoom Event

Email address required to receive link

I plan to participate in the November 3 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Would you be interested in online access to an archived version of the event?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

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

or register on line at DMDinKC.org

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

<p>Event Sponsor</p>  <p>Persons with Disabilities Advisory Board www.olatheks.org</p>	 <p><i>This is Our 17th Annual Disability Mentoring Day Event!</i></p>	<p>Event Sponsor</p> 
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Technical Support and Venue for Virtual Event Provided by:



www.workforcepartnership.com/

Visit us at www.DMDinKC.org