

Central Illinois Down Syndrome Organization
CIDSO Conference Funds Application

“By opening doors of opportunity, we strive to enrich lives, allowing those born with Down syndrome to be active participants in their community.”

Applications must be received by the CIDSO Funds Administrator 30 days prior to the conference.

By accepting CIDSO Conference Funds, you agree to share information obtained at the conference with CIDSO. Copies of handouts/brochures/CDs, etc. are appreciated.

Date of Application: _____

Name of those attending and relationship to person with Down syndrome:

Address: _____

Phone: _____

Name, date(s) and location of Conference for which funds are being requested: (Please include a photocopy of your registration form.)

Itemized cost of Conference

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Have you received CIDSO Conference Funds in the past? If yes, please list the amount, date received, and name of the conference for which funds were awarded.

Have you received full or partial reimbursement for the funds requested from any other entity/organization/program? If yes, please list amount and from whom received.

EMAIL COMPLETED FORM TO CIDSO FUNDS ADMINISTRATOR: DIANE CRUTCHER,
diane.crutcher@c4pd.co OR MAIL TO DIANE CRUTCHER AT 1714 PFITZER ROAD, NORMAL, IL
61761