



A Self Advocacy Conference in Victoria, BC; Tuesday March 5th at the Salvation Army Citadel

ABOUT MY COMMUNITY

The My Community conference is developed by self-advocates and held every three years. Self-advocates from across the South Island are invited to learn new skills, network, and have fun at this exciting one day conference in Victoria.



PRESENTATIONS

This year's presentations include:

- ★ Chair Yoga Therapy with Michelle Rubin from Michelle Yoga
- ★ Communication for Wellness: Sign English 101
- ★ Art for Wellness with Vahini Govender
- ★ Music for Wellness with Bill Cino
- ★ Healthy Relationships with Erin Laird
- ★ Sports and Recreation for Wellness presented by Recreation Integration Victoria (RIV)
- ★ Photography and Wellness presented by the Kardel Photography Club
- ★ Be Healthy Be Fit JABBERS with Sheenagh and Kristen
- ★ SANGO – with a new Health and Wellness category created exclusively for My Community 3!



Lunch and snacks provided.



CONTACT INFORMATION

For more information contact Kristen Kay at (250) 727-3891 or by email: kkay@beconsupport.ca; or



Sharon Sinclair at (250) 721-2764, or by email: ssinclair2@shaw.ca

Find us on Facebook!



Registration is first come first served so Register Now! The deadline for registration is February 28th 2019.

My Community 4 was made possible by :



With financial support from:





MY COMMUNITY 3

May 11th 2016
 Salvation Army Citadel
 4030 Douglas St, Victoria

★ Registration is first come, first served ★

Wednesday May 11 th	
9:00 - 9:30	Registration and coffee
9:30 - 12:00	Conference
12:00 - 1:00	Lunch & Networking
1:00 - 3:00	Conference
3:00	Conference Closed

Registration: \$10

(Includes conference, conference materials, lunch, lunchtime activities, and coffee breaks)

Please register and pay at BeConnected Support Services.
 Make cheques payable to SELF ADVOCATES FOR A BRIGHTER FUTURE.

1—3891 Douglas Street

PHONE: 250.727.3891

FAX: 250.721.2571

DEADLINE FOR REGISTRATION: Wednesday, May 4th, 2016

Will you have support staff attending with you? YES NO

If yes, name of support staff: _____

Is there anything you need to tell us about your participation (special diet, mobility, allergies, etc.)?

CONTACT INFORMATION

Name: _____

Phone Number: _____ Cell: _____

E-mail address (if applicable): _____

Organization (if applicable): _____

Emergency Contact Name: _____

Emergency Contact Phone: () _____

PAID YES NO Receipt # _____