

**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 Board 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/tapes/CDs are appreciated.

Date of Application: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Name, date and location of Conference funds are being requested for:  
(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.  
\_\_\_\_\_