



SOAR Conference Application  
e-mail to [PeopleFirstNebraska@outlook.com](mailto:PeopleFirstNebraska@outlook.com)  
Fax to (402) 559-5737  
Deadline April 22, 2019

1. Name and PFN Chapter
2. Tell us about a time when you advocated for yourself or someone else. How did you advocate?
3. Have you ever spoken with an elected official or other policy maker about a disability issue? Tell us about that experience.

