

Registration Form

Anaheim Autism/Asperger's Conference • February 6-7, 2010

Register Online: www.autism-conferences.com (preferred) or send in the form below.

✓ **Financial aid available for families with household income under \$50,000/year.** For more information call us at (480) 831-2047 or email us at autismconferences@gmail.com by Monday, January 25, 2010 to ensure availability.

Early Bird Registration: Registered and paid by Jan. 15, 2010 Regular Registration: after Jan. 15, 2010

Category	Saturday, February 6th		Sunday, February 7th		Both Days: Saturday/Sunday		Amount
	Early	Regular	Early	Regular	Early	Regular	
1st Parent/Family Member	\$100	\$110	\$100	\$110	\$175	\$195	
2nd Family Member	\$85	\$95	\$85	\$95	\$155	\$175	
Professional	\$135	\$145	\$135	\$145	\$205	\$225	
Parapro/Hab/Student*	\$70*	\$80*	\$70*	\$80*	\$120*	\$140*	*
People with Autism/Asperger's	\$20	\$25	\$20	\$25	\$30	\$40	
Refunds: 75% prior to February 3; no refunds after February 3					Conference Total:		

* For **Parapro/Hab** Rate, include letter from agency stating you work with autistic children/adults and that your salary is below \$20/hour. Register only by mail/fax.

* For **Student** Rate, include copy of your transcript showing that you are taking 12 or more credits. Register only by mail/fax.

Name (First, Last) _____ Category _____ Please Circle:
Saturday Sunday Sat/Sun

Name (First, Last) _____ Category _____ Please Circle:
Saturday Sunday Sat/Sun

Address _____ City _____ State _____ Zip _____

Attendee E-mail (for e-mail confirmation, if registered by Feb. 3)

Daytime Phone _____

Method of Payment

- Check # _____
(payable to Autism Conferences) Credit Card Number _____
- Purchase Order (A copy must accompany this registration form.) Exp. Date _____ Security Code _____
- I am paying \$ _____ on my: _____
 VISA Mastercard Signature _____

Our Regional Center Vendor # ZM0018

If Regional Center is paying for your registration, add the following:

Client's Name Last: _____ First: _____
RC Client # _____ Name of Regional Center _____
Name of Case Manager _____
(Please include this registration form with all PO's from regional centers.)

Exhibitors & Advertisements:

Call (562) 864-3049, fax (562) 864-6508 or e-mail exhibitors@autism-conferences.com. Limited exhibitor space is available. Advertising is available in our conference syllabus.

Register Online:

www.autism-conferences.com

Mail to: Autism Conferences of America
1340 E. Vinedo Lane
Tempe, AZ 85284

Fax to: (562) 804-5516 or (480) 272-9693

Questions: Call us at (562) 804-5516 or (480) 831-2047 (live) or e-mail us at autismconferences@gmail.com (preferred)

Friends & Family Referral Program

Were you referred by a friend? If so, please give us their name and contact information to enter them in a drawing for a free registration at a future conference.

Referred By: _____

Email: _____ Phone: _____

Invite someone to attend one of our conferences! For EACH referral who registers, your name will be entered in a drawing to win FREE registration towards the NEXT conference.