

AutCom 2008 Conference Registration Form (www.autcom.org)

The Autism National Committee in Collaboration with the Autism Society of Michigan

There are five (5) registration options for you to choose from. You may want to choose more than one. Two rates are given: **Early Registration** submitted by September 12 (in parentheses); and regular registration between September 13 and October 10. Please **PRINT** the names below clearly, so we can make name tags.

Print names of persons with Autism attending: _____

Print names of family members, support persons, students and paraprofessionals attending: _____

Print names of professionals attending: _____

Entire Conference (includes breakfasts, lunches & Friday dinner/performance – GF/CF food available)

Individuals with Autism: Number of participants _____ x (\$90) \$90 = \$ _____
Family members/support/students:* Number of participants _____ x (\$150) \$170 = \$ _____
Professionals: Number of participants _____ x (\$225) \$250 = \$ _____

Friday day session only (includes breakfast & lunch – GF/CF food available)

Individuals with Autism: Number of participants _____ x (\$40) \$40 = \$ _____
Family members/support/students:* Number of participants _____ x (\$70) \$80 = \$ _____
Professionals: Number of participants _____ x (\$110) \$130 = \$ _____

Friday day session, dinner and performance (includes breakfast & lunch – GF/CF food available)

Individuals with Autism: Number of participants _____ x (\$50) \$50 = \$ _____
Family members/support/students:* Number of participants _____ x (\$90) \$100 = \$ _____
Professionals: Number of participants _____ x (\$125) \$145 = \$ _____

Saturday day session only (includes breakfast & lunch – GF/CF food available)

Individuals with Autism: Number of participants _____ x (\$40) \$40 = \$ _____
Family members/support/students:* Number of participants _____ x (\$70) \$80 = \$ _____
Professionals: Number of participants _____ x (\$110) \$130 = \$ _____

Saturday dinner This dinner is not part of the conference. It is available, at cost, for those who wish to eat at the hotel as a group with gluten-free/casein-free food available. Number _____ x \$27.50 = \$ _____

DONATION TO HELP PEOPLE WITH AUTISM ATTEND THE CONFERENCE \$ _____

Your donation will be greatly appreciated!

Total Registration Fee + Donation: \$ _____ (US or Canadian) _____ Check enclosed _____ Credit Card

Cancellations received by October 8 will be refunded less 10%. No refunds after that date!

Michigan teachers and social workers: CEUs available for \$10 payable at the conference.

Name of person submitting registration: _____

Address: _____

City: _____

State/Province: _____

ZIP/Canadian code _____

Phone: _____

Email: _____

(Email address required for confirmation)

* There are a limited number of fee waivers available for support people who require them. Contact Linda Rammler by email: asdi-ne@comcast.net

Name on credit card: _____

Type of card: _____

Card # _____

Exp. Date: _____

Make check payable to Autism Society of Michigan and mail it and the conference registration form to:

**Autism Society of Michigan
1213 Center Street, Suite B
Lansing, MI 48906**

Or via fax at (517) 882-2816

Questions: (517) 882-2800

Michigan residents toll free (800) 223-6722