AutCom (Autism National Committee) 2010 Annual Conference

COMMUNICATION, COMPETENCE, COMMUNITY: NOTHING ABOUT US WITHOUT US!

October 15th & 16th, Wyndham Milwaukee Airport Hotel

(Don't forget to make your hotel reservations. Call (800) 558-3862 and mention the AutCom conference for the reduced rate. More information on page ?)

Co-Sponsored by the Autism Society of Wisconsin

Entire Conference (includes breakfasts, lunches & Friday dinner/program) GF/CF food available–*see box below

Individuals with autism: Number of participants _____ x $110 = $ _____
Family members/support/students:* Number of participants _____ x $190 = $ _____
Professionals: Number of participants _____ x $280 = $ _____

Friday day session only (includes breakfast & lunch) GF/CF food available-*see box below

Individuals with Autism: Number of participants _____ x $ 60 = $ _____
Family members/support/students:* Number of participants _____ x $100 = $ _____
Professionals: Number of participants _____ x $155 = $ _____

Friday Dinner and program only in addition to single day sessions GF/CF food available-*see box below:

Number of participants _____ x $ 35 = $ _____

Saturday day session only (includes breakfast & lunch) GF/CF food available-*see box below

Individuals with autism: Number of participants _____ x $ 60 = $ _____
Family members/support/students:* Number of participants _____ x $100 = $ _____
Professionals: Number of participants _____ x $155 = $ _____

DONATION TO SUPPORT THE ATTENDANCE OF INDIVIDUALS ON THE AUTISM SPECTRUM: $ _____

Total Registration Fee & Donation: $ _____ Cancellations before October 8th. No refunds after that date!

Select method of payment: Check #: _____ Purchase Order #: _____

Checks made payable to ASW (Autism Society of Wisconsin) (enclose copy of purchase order)

Visa/MasterCard/Discover #: __/__/__/__-__/__/__/__-__/__/__/__-__/__/__/__ Exp. Date: _____/_____

_____ _____

Name on card (Please print) Signature

Name/Names: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

E-Mail: _____

E-mail address required for confirmation

Make check payable to ASW (Autism Society of Wisconsin) and mail conference registration, with payment to:

Autism Society of Wisconsin, P.O. Box 165, Two Rivers, WI 54241

Or fax to (888)836-4082.

Questions: e-mail jpribek@asw4autism.org

*Please circle special requests for meals:

	Number requested
Gluten Free	_____
Casein Free	_____
Gluten Free/Casein Free	_____
Vegetarian	_____