CONFERENCE REGISTRATION

Autism Society of Wisconsin
2009 Fall Conference
Wednesday, November 4th – Thursday, November 5th, 2009

- In order for us to serve you effectively, ASW recommends you pre-register for the conference.
- All prices listed are per person; you must be a current member for reduced fee for members; check the mailing label on your ASW newsletter for membership status and expiration date.
- Purchase orders and/or group registrations must be submitted simultaneously.
- **Registration will be accepted by mail or fax only.** Registration forms must be filled out completely and a form of payment must be included; forms of payment include a purchase order, credit card authorization or a check, made payable to ASW Conference.
- Pre-registrations are due no later than October 16 via mail or fax.
- ASW will make every effort to accommodate your individual needs. If you require assistance to fully participate in this conference, ASW requires notification by October 1, 2009.
- **Special meal requests** should be made no later than October 16, 2009.
- Questions or special needs: email jpribek@asw4autism.org or 920-973-4080.

PLEASE PRINT; USE ONE FORM PER PERSON (make additional copies as needed)

NAME: (as you want it to appear on your name tag) _____

STREET: _____ **CITY:** _____ **STATE:** _____ **ZIP:**_____

PHONE: (___)_____ **EMAIL:**_____
(Provide for confirmation of registration)

Circle appropriate registration fee:
(all registrations after October 16, add $25.00)

ASW Member	Non-Member
$190.00	$240.00

PLEASE CHECK ALL THAT APPLY:
____ Parent/Family Member
____ Educator:
____ EC
____ K-12
____ Post-Secondary
____ Special Educator
____ Regular Educator
____ OT
____ PT
____ SLP
____ Other _____

Check payment method; fill in corresponding information
❑ Check number _____ Amount $_____ ❑ Purchase Order No. _____ Amount $_____

❑ Visa ❑ MasterCard /__/__/__/__/-/__/__/__/__/-/__/__/__/__/-/__/__/__/__/ _____/_____
Credit Card Number Expiration Date

$_____ _____ _____
Amount Print card holder's name as it appears on card Signature of card holder

Mail completed registration form with payment to:
ASW Conference, P.O. Box 165, Two Rivers, WI 54241
OR
Fax: 888-836-4082