CONFERENCE REGISTRATION

Autism Society of Wisconsin
2010 Annual Statewide Conference
Thursday, March 18th – Saturday, March 20th, 2010

In order for ASW to NOT increase the conference fee during these tough economic times, **lunch will be provided Thursday only, for the pre-conference workshop.** Lists of restaurants in the area will be available at the registration desk.

- 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; 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 **Friday, March 5, 2010** via mail or fax.
- ASW will make every effort to accommodate your individual needs. For special assistance, ASW requires notification by **February 12, 2010.**
- **Special meal requests** should be made no later than **March 5, 2010**.
- Questions or special needs: email jpribek@asw4autism.org or call 920-973-4080.

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

IF YOU HAVE AN AUTISM SPECTRUM DISORDER AND ARE INTERESTED IN PARTICIPATING IN THE TALENT SHOW/ART SHOW OR FAVORITE THINGS DISPLAYS, fill out the included form.

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:
(lunch will only be included on Thursday, March 18th)

	Parent and/or/ASW Member	Non-Member/ Professional	Person with ASD	Support Person ⇨
March 18-20	$190.00	$240.00	$90	$90
March 18-19	$150.00	$190.00	$75	$75
March 19-20	$150.00	$190.00	$75	$75
Single Day (circle one)	$105.00 Thurs. Fri. Sat.	$130.00 Thurs. Fri. Sat.	$50 Thurs. Fri. Sat.	$50 Fri. Sat.

Name of person with ASD you are supporting at the conference: _____

PLEASE CHECK ALL THAT APPLY:
____ Parent/Family Member
____ 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