

2010 CONFERENCE SPECIAL EVENTS REGISTRATION FORM
FOR INDIVIDUALS ON THE AUTISM SPECTRUM WHO ARE REGISTERED FOR THE CONFERENCE

1) Please print; USE ONE FORM PER PERSON (make additional copies as needed)

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (home) (____) _____

EMAIL: _____
(provide for registration confirmation)

<input type="checkbox"/> ART SHOW <input type="checkbox"/> FAVORITE THINGS DISPLAY <input type="checkbox"/> TALENT SHOW My talent is: _____ Anything needed to perform your talent will need to be brought along, including a keyboard. ASW will provide a microphone and sound.

- 1) There are three optional activities for people on the spectrum. Indicate with a check mark if you are interested in participating in any or all of these areas.
- 2) Interested individuals need to sign up by March 5, but participation is accepted on a first come, first serve basis. You will be contacted regarding participation.
- 3) Mail completed registration form with payment to:

**ASW Conference
P.O. Box 165
Two Rivers, WI 54241**

OR

Fax to 888-836-4082.