

ATTENDEE INFORMATION

FIRST NAME:		LAST NAME:	
ORGANIZATION/SCHOOL:			
ADDRESS:			
CITY:	PROV:	POSTAL CODE:	
TELEPHONE:		FAX:	
EMAIL ADDRESS: (REQUIRED FOR SENDING REGISTRATION CONFIRMATION)			
HOW DID YOU HEAR ABOUT OUR CONFERENCE:			

REGISTRATION FEES AND SPEAKER SELECTION

<input type="checkbox"/> FULL 3 DAY CONFERENCE (JAN 19-21) – PROFESSIONAL: \$425 <input type="checkbox"/> FULL 3 DAY CONFERENCE (JAN 19-21) – PARENT OR STUDENT: \$395 <input type="checkbox"/> 2-DAY CONFERENCE - PROFESSIONAL: \$355 <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> 2-DAY CONFERENCE - PARENT OR STUDENT: \$325 <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> 1-DAY CONFERENCE - PROFESSIONAL: \$225 <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> 1-DAY CONFERENCE - PARENT OR STUDENT: \$195 <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT	<p>Please choose one:</p> <p>SPEAKER SELECTION FOR THURS, JAN 19TH <input type="checkbox"/> SESSION A: DR. DAVID NICHOLAS <input type="checkbox"/> SESSION B: SUE MITCHELL</p> <p>SPEAKER SELECTION FOR FRI, JAN 20TH <input type="checkbox"/> SESSION A: DR. WINNIE DUNN <input type="checkbox"/> SESSION B: EMILY RUBIN</p> <p>SPEAKER SELECTION FOR SAT, JAN 21ST <input type="checkbox"/> SESSION A: DR. PAT MIRENDA <input type="checkbox"/> SESSION B: EMILY RUBIN</p>
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PAYMENT INFORMATION

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> CHEQUE (PAYABLE TO CHILDREN'S AUTISM SERVICES OF EDMONTON)	
CARD NUMBER:	EXPIRY DATE:
CARDHOLDER NAME (PRINT AND SIGN*):	
<small>*BY PROVIDING THE ABOVE CREDIT CARD INFORMATION, I AUTHORIZE CHILDREN'S AUTISM SERVICES OF EDMONTON TO PROCESS PAYMENT FOR THIS CONFERENCE AND UNDERSTAND THAT CONFERENCE REGISTRATION IS NON-REFUNDABLE.</small>	
If you have any dietary restrictions or allergies, please make note of them here:	

DONATION INFORMATION

PLEASE SUPPORT OUR ONGOING EFFORTS TO CHANGE THE COURSE OF AUTISM. MAKE A DIFFERENCE WITH YOUR DONATION.

\$25 SILVER \$ 50 GOLD \$100 PLATINUM ENTER ANOTHER AMOUNT : _____

FOR RECOGNITION PURPOSES, YOUR NAME WILL BE LISTED AS ABOVE.

I PREFER THIS GIFT TO REMAIN ANONYMOUS.

- Registrations received after December 23rd, 2011 will be **charged a late fee of \$50**.
- Conference registrations are **non-refundable**; however a substitution may be made upon request by January 12th. Please note that if you do not attend, you are still responsible for payment.
- For **purchase order inquiries**, please contact our office.
- We will be sending out email confirmations of your registration with an **electronic receipt**.
- Students will be required to send a copy of their **student card** to register.
- Fax, mail, phone your registration, or simply fill out and e-mail the PDF available on the website
- Fax to **(780) 484-9265**, mail to **17706-102 Ave, Edmonton AB, T5S 1H5**, or call **(780) 495-9235**