

WEBCASTING REGISTRATION FORM

National Autism Conference Webcasting July 31–August 3, 2017

Payment in full, by check, credit card, or money order, must accompany this form. This form may be duplicated for additional registrations. Please print in ink or type. Registration confirmation will be sent to the email address that you provide. Include all information requested and return the completed form to Penn State by **Friday, July 28, for advance registration.**

First name _____ Middle initial _____ Last name _____

Date of birth (month/day/year) _____ Gender _____

Email address _____

Penn State will use email address to communicate with you about all programs for which you register. Your email address will also be used to communicate logistical information regarding the program.

Company or organization _____

Occupation _____

Summer mailing address (no. and street, or box no.) _____

City _____ State _____

ZIP code _____ Country _____

Country _____ Phone number _____

Enter your name as you would like it to appear on your certificate of attendance.

First name _____ Last name _____

WEBCASTING SESSIONS — Please refer to the 2017 National Autism Conference webcasting web page at autism.outreach.psu.edu/webcasting for the available webcasting sessions and CEU/contact hours.

Applicant's PSU ID no. _____ (if you do not have a PSU ID, you may supply your SSN*)

***Providing your Social Security Number is optional.** *The Social Security number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by the University to verify your identity for official record keeping and reporting. If you choose not to supply your SSN, certain services — such as transcripts, enrollment verification, tax reporting, and financial aid — may not be available to you, and Penn State cannot guarantee a complete academic record for you. Your SSN will be stored in a central system and used only as a primary source to identify you within the Penn State system; the Penn State ID will be used as the primary identifier.*

Registration Fee

- \$175 In-State Webcast Fee
- \$375 Out-of-State Webcast Fee

Payment

Your payment, in full, must accompany your registration form. The Pennsylvania State University's federal ID number is 24-6000376.

- Enclosed is a check or money order for the amount indicated, signed and payable to The Pennsylvania State University.
- Enclosed is a purchase order (made payable to The Pennsylvania State University) or letter of authorization from my employer or sponsoring organization.
- Credit card: May be mailed or faxed.
 - American Express
 - MasterCard
 - Visa
 - Discover

Cardholder's name (please print) _____

Cardholder's signature _____

Credit card billing address (no. and street, or box no.) _____

City _____ State _____

ZIP code _____ Country _____

Credit card number _____ Exp. date (month/year) _____

(Credit card charges cannot be processed without signature and expiration date.)

Act 48 Reporting

Pursuant to the Family Educational Rights and Privacy Act (FERPA) the information below is needed in order for Penn State to report your Act 48 hours to PDE. ***Please provide all information requested; hours will not be reported otherwise.*** A \$50 administrative fee will apply for any information provided after the program is complete.

I authorize Penn State to report my Act 48 hours earned at this program to the Pennsylvania Department of Education.

Social Security No. _____

Date of Birth (MM/DD/YYYY) _____

7-digit PDE Professional Personal ID No. _____

Signature _____

Today's Date _____

Before Mailing:

- Complete all information, using your summer address only.
- Complete Act 48 Reporting information for those seeking Act 48 hours at this program.
- Register at the appropriate fee.
- Registration form and payment are due by Thursday, July 27, 2017.

Send All Registration Pages to:

Conferences and Institutes Registration

The Pennsylvania State University

Box 410

State College PA 16804-0410

Phone: 814-867-4973

Fax: 814-863-2765