

CONFERENCE REGISTRATION FORM

National Autism Conference • August 5–8, 2019

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 below. Include all information requested and return the completed form to Penn State by **Wednesday, July 17, for advance registration.**

First name _____ Middle initial _____ Last name _____

Date of birth (month/day/year) _____

Email address _____

Penn State will use this 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.

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

City _____ State _____

ZIP code _____ Country _____

Phone number _____

Enter your name as you would like it to appear on your name badge:

First name _____ Last name _____

Enter your company/organization name as you would like it to appear on your name badge, or leave blank

For planning purposes and CEUs (for professionals), please indicate all day(s) of attendance:

Monday Tuesday Wednesday Thursday

Special dietary needs/accommodations (if none, leave blank) Vegetarian Vegan

Gluten free Gluten free and vegan Other _____

Occupation (please select the one that best describes your position):

- | | | | |
|---|--|---|---|
| <input type="radio"/> Administrator | <input type="radio"/> General educator | <input type="radio"/> Family member | <input type="radio"/> Paraprofessional |
| <input type="radio"/> Behavior specialist | <input type="radio"/> Consultant | <input type="radio"/> Behavior consultant | <input type="radio"/> Social worker |
| <input type="radio"/> Parent | <input type="radio"/> Physician | <input type="radio"/> BCBA/BCABA | <input type="radio"/> Agency staff |
| <input type="radio"/> Clinical psychologist | <input type="radio"/> Occupational therapist | <input type="radio"/> Student | <input type="radio"/> School psychologist |
| <input type="radio"/> Speech/language pathologist | <input type="radio"/> Special educator | <input type="radio"/> School counselor | |
| <input type="radio"/> Other _____ | | | |

Applicant's PSU ID no. _____

*Note: If you do not have a Penn State issued 9-digit ID number, which may be used by the University to accurately identify you for official record keeping and reporting (e.g. transcripts, enrollment verification, tax reporting, financial aid, etc.), please go to <https://accounts.psu.edu> and create an account to obtain one. The same applies if you have forgotten your ID number. If you are unable to do this electronically or need further assistance, please call the Service Desk at (814) 865-4357.

SESSIONS

Please refer to the conference schedule on the website at autism.outreach.psu.edu to review and choose the sessions you would like to attend. Please print/view your customized schedule prior to the conference. *The content level and presenter(s) are listed beside the session title on the online schedule.*

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.

Date of Birth (MM/DD/YYYY) _____

7-digit PDE Professional Personal ID No. _____

Signature _____ Today's Date _____

Professional CEUs

I am seeking **BACB** professional CEUs.
Please enter your license/certification number _____

I am seeking **ASHA** professional CEUs.
Please enter your license/certification number _____

I am seeking **Psychology** professional CEUs.
Please enter your license/certification number _____

I am seeking **Social Work** professional CEUs.
Please enter your license/certification number _____

I am seeking **Infant/Toddler** professional CEUs.
Please enter your license/certification number _____

I am seeking **Occupational Therapy** professional CEUs.
Please enter your license/certification number _____

I am seeking **Physical Therapy** professional CEUs.
Please enter your license/certification number _____

REGISTRATION FEES – Choose One

- Pennsylvania education professionals: **\$175** for entire conference
Name of Pennsylvania school district/educational institution: _____
- Other Pennsylvania professionals: **\$225** for entire conference
- Out-of-state professionals: **\$250** for entire conference
- All professions: one-day fee: **\$100** (must choose **one** day only)
Indicate single day of attendance: Monday Tuesday Wednesday Thursday
- Pennsylvania parent/guardian living with ASD requesting professional credits: **\$125** for entire conference
- Pennsylvania family members or adults living with ASD: **\$25** for entire conference (No CEUs)
Note: Participants are ineligible to receive professional credits for this fee. To receive professional credits, register as “Pennsylvania parent/guardian living with ASD requesting professional credits.”
- Non-Pennsylvania family members or adults living with ASD: **\$50** for entire conference (No CEUs)
Note: Participants are ineligible to receive professional credits at this fee. To receive professional credits, register at the out-of-state **\$250** professional’s fee.
- Pennsylvania student fee (must be a full-time student) **\$50** for entire conference (No CEUs)
Note: Participants are ineligible to receive professional credits at this fee.
- Out-of-state student fee (must be a full-time student) **\$75** for entire conference (No CEU's)
Note: Participants are ineligible to receive professional credits at this fee.

TOTAL DUE: \$ _____

An additional charge of \$30 will be added to all walk-in registrations.

PAYMENT

Your payment, in full, must accompany your registration form. The Pennsylvania State University's federal ID number is 24-6000376. Note: purchase orders/checks must include registration forms for each individual.

- 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.

Cardholder's name (please print) _____

Cardholder's signature _____

Cardholder's phone number _____

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

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

Before Mailing:

- Complete all information, using your summer address only.
- Complete Act 48 Reporting information for those seeking Act 48 hours.
- Complete professional CEUs requested and provide license/certification number(s).
- Register at the appropriate fee. Note: Professional credits will not be awarded at family fee levels or at the student fee levels.
- Registration form and payment due by **Wednesday, July 17**, to Penn State for advance registration. Purchase orders/checks must include registration forms for each individual.

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