

# REMOTE ATTENDANCE REGISTRATION FORM

## National Autism Conference • August 3, 2020

Payment in full, by check, credit card, or money order must accompany this form. Please print in ink or type. Registration confirmation will be sent to the preferred email address that you provide below. Include all information requested and return the completed form to Penn State by August 6, 2020.

### Participant Information

**All information is required unless otherwise noted.** Please provide all information as it appears on your government-issued identification.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

Home Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Phone Number \_\_\_\_\_ PSU ID # (if known) \_\_\_\_\_

Personal (non-PSU) Email Address \_\_\_\_\_

Preferred Email Address (if different from above) \_\_\_\_\_

*Registration confirmation and logistical information will be sent to this email address.*

### Third Party/Company Information *(Complete for group payments only)*

Company Point of Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_

Company Contact Email Address \_\_\_\_\_

## Additional Information

Please enter your name as you would like it to appear on your certificate:

First name \_\_\_\_\_ Last name \_\_\_\_\_

Enter your company/organization name, or leave blank:

\_\_\_\_\_

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

- |   |   |   |
|---|---|---|
| <input type="radio"/> Administrator               | <input type="radio"/> General educator      | <input type="radio"/> Agency staff                        |
| <input type="radio"/> BCBA/BCABA                  | <input type="radio"/> Special educator      | <input type="radio"/> Consultant                          |
| <input type="radio"/> Behavior consultant         | <input type="radio"/> Paraprofessional      | <input type="radio"/> Social worker                       |
| <input type="radio"/> Behavior specialist         | <input type="radio"/> School counselor      | <input type="radio"/> Physician                           |
| <input type="radio"/> Speech/language pathologist | <input type="radio"/> School psychologist   | <input type="radio"/> Early Intervention (birth-age 3)    |
| <input type="radio"/> Occupational therapist      | <input type="radio"/> Clinical psychologist | <input type="radio"/> Early Intervention (age 3-beginner) |

Other \_\_\_\_\_

If you are a parent of a child who receives Early Intervention services, please select the age category:

- Birth – Age 3       Age 3 – Kindergarten

## 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 – Enter all applicable license/certification number(s)

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 \_\_\_\_\_

Additional comments:

## Registration Fees

Please select one of the registration types below.

**\$0** (fee waived) — **Pennsylvania parent/guardian** living with ASD and requiring accreditations

**\$0** (fee waived) — **Pennsylvania public educator** (employed at any PA public school district, intermediate unit, approved private school\*, or charter school)

[\\*View list of approved private schools](#)

**\$150** — **Pennsylvania professional NOT in public education** (all other agencies, medical providers, mental health providers, or private schools)

**\$375** — Out-of-state professionals (registration received on or before July 30)

**\$450** — Out-of-state professionals (registration received after July 30)

**\$\_\_\_\_\_ Total Payment**

A \$50 administrative fee will be charged for cancellations. Cancellation requests must be received in writing by July 17 by fax at 814-863-5190 or email at [autism@outreach.psu.edu](mailto:autism@outreach.psu.edu) .

## Payment Information

All payments must include a registration form for each individual. Choose your method of payment below. The Pennsylvania State University's federal ID number is 24-6000376.

- Check or money order enclosed for amount indicated, signed and payable to The Pennsylvania State University
- Credit Card: **May be called in, mailed, or faxed (DO NOT EMAIL)**
  - Personal card
  - Business card

Cardholder's Name \_\_\_\_\_

Cardholder's Phone # \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Card Expiration Date \_\_\_\_\_

- Enclosed is a purchase order (made payable to The Pennsylvania State University) or letter of authorization from my employer or sponsoring organization.
- IDCC — Penn State employees only to &NCR. Document number \_\_\_\_\_

### Send all registration pages and payment to:

Conferences & Institutes Registration  
Penn State Non-Credit Registration Office  
Box 410  
State College, PA 16804

Phone: 814-867-4973

Fax: 814-863-2765

Email: [noncredit@psu.edu](mailto:noncredit@psu.edu) (DO NOT EMAIL CREDIT CARD INFORMATION)