REMOTE ATTENDANCE REGISTRATION FORM

National Autism Conference • July 31, 2023

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 5:00 p.m. (ET) Friday, September 15, 2023.

All information is required unless otherwise noted. Please provide all information as it appears on your government-issued identification. Penn State requires the collection of personal information to create and maintain accurate and secure records. Penn State is committed to keeping personal and institutional information secure. Your registration will not be processed if required fields are not completed.

Regis	stration Type – sele	ect one				
0	Pennsylvania public educator — \$275 (\$350 if received after July 31)					
0	Other Pennsylvania professional — \$325 (\$400 if received after July 31)					
0	Out-of-state professional — \$475 (\$550 if received after July 31)					
0	Pennsylvania parent/guardian living with ASD requiring professional hours — \$225 (\$300 if received after July 31)					
0	Pennsylvania parent/guardian/family member (does not include professional hours) — \$125					
0	Parent/guardian/family member outside Pennsylvania (does not include professional hours) - \$150					
0	Student in Pennsylvania (does not include professional hours) — \$150					
0	Student outside Pennsyl	vania (does not include ¡	professional hours) — \$175			
5:00 p.	m. (ET) by Friday, July 14, v	via email to <u>autism@outi</u>	Cancellation requests must be received by reach.psu.edu.			
	cipant Program De					
Please	enter your name as you w	ould like it to appear on	your program materials:			
First na	ame	Last name				
Compa	ny/Organization Name					
Special	accommodations needed	(if none, leave blank):				
anticipo		nmodation or have question	ricipate in its programs and activities. If you ns about the physical access provided, please ion.			
If you are a parent of a child who receives Early Intervention services, please select the age category.						
	O Birth – Age 3	O Age 3 - Kinde	ergarten			
Occupa	ation (select the one that b	est describes your positi	on):			
O Adm	ninistrator	O General educator	O Agency staff			
	A/BCABA	O Special educator	O Consultant			
	avior consultant	O Paraprofessional	O Early Intervention (birth-age 3)			
	avior specialist ech/language pathologist	O School counselor O School nurse	O Early Intervention (age 3-beginner) O Parent/guardian			

O School psychologist

O Clinical psychologist

O Social worker

O Family member

O Other____

O Student

O Occupational therapist

O Physical Therapist

O Physician

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.

	Department of Education.	
'-digit	PDE Professional Personal ID	No
Signature		Today's Date
Profe	essional Hours/CEUs	
_	9	to earn a Penn State Certificate of Attendance . Enter applicable my additional professional hours you are seeking:
0	ASHA	
0	BACB	
0	Infant/toddler	
0	Occupational therapy	
0	Physical therapy	
0	Psychology	
0	School psychologists-NCSP	
0	Social work	
Addi	tional Registration C	omments
ممامم	y additional comments, or lea	we blank:

Payment Information

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

_	Tay with create cara by mail (BO NOT ENTITLE)		
	Cardholder's Name		
	Cardholder's Phone		
	Cardholder's Signature		
	Card Number	_Card Expiration Date	
0	Email me an invoice with a link to pay online		
	Email address:	-	
0	Pay with credit card by phone		
	Call the Penn State Non-Credit Registration Office on Tuesdays or T (ET) at 814-867-4973.	hursdays between 8:00 a.m. and noo	
0	Check or money order enclosed for amount indicated, signed and payable to The Pennsylvania		

O Enclosed is a purchase order (made payable to The Pennsylvania State University) or letter of

Send all registration pages and payment to:

O Pay with credit card by mail (DO NOT FMAIL)

Conferences & Institutes Registration Penn State Non-Credit Registration Office

State University.

Via USPS: PO Box 410, State College, PA 16804

Via UPS/FedEx: 100 Innovation Boulevard, Suite 120, State College, PA 16803

authorization from my employer or sponsoring organization.

Phone: 814-867-4973 Fax: 814-863-2765

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

Note: Credit card payments received by phone, mail, and fax will be processed the following Tuesday and Thursday when staff are in the office from 8:00 a.m.—noon (ET).