

# Remote Attendance Registration Form

## National Autism Conference • August 1–4, 2022

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, August 26, 2022.

### 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 or P.O. box): \_\_\_\_\_

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

Country: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

Company/Organization Point of Contact Name: \_\_\_\_\_

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

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

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

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

### Additional Information

Enter your name as you would like it to appear on your conference materials.

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

Company/Organization Name: \_\_\_\_\_

Special accommodations needed (if none, leave blank)

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*Penn State encourages qualified persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation or have questions about the physical access provided, please contact [autism@outreach.psu.edu](mailto:autism@outreach.psu.edu) in advance of your visit.*

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

- Birth – Age 3       Age 3 – Kindergarten

Occupation (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"/> Early Intervention (birth-age 3)    |
| <input type="radio"/> Behavior specialist         | <input type="radio"/> School counselor      | <input type="radio"/> Early Intervention (age 3-beginner) |
| <input type="radio"/> Speech/language pathologist | <input type="radio"/> School nurse          | <input type="radio"/> Parent/guardian                     |
| <input type="radio"/> Occupational therapist      | <input type="radio"/> School psychologist   | <input type="radio"/> Family member                       |
| <input type="radio"/> Physical Therapist          | <input type="radio"/> Clinical psychologist | <input type="radio"/> Student                             |
| <input type="radio"/> Physician                   | <input type="radio"/> Social worker         | <input type="radio"/> Other _____                         |

### 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.

7-digit PDE Professional Personal ID No. \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

### Professional Hours/CEUs

All registered attendees are eligible to earn a **Penn State Certificate of Attendance**. Enter applicable license/certification number(s) for any additional professional hours you are seeking:

- |  |       |
|--|-------|
| <input type="checkbox"/> ASHA                      | _____ |
| <input type="checkbox"/> BACB                      | _____ |
| <input type="checkbox"/> Infant/toddler            | _____ |
| <input type="checkbox"/> Occupational therapy      | _____ |
| <input type="checkbox"/> Physical therapy          | _____ |
| <input type="checkbox"/> Psychology                | _____ |
| <input type="checkbox"/> School psychologists-NCSP | _____ |
| <input type="checkbox"/> Social work               | _____ |

## Additional Registration Comments

Add any additional comments: \_\_\_\_\_

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## Registration Fees

**Choose ONE:**

### Registration (received by July 31)

- \$175 Pennsylvania public educator
- \$225 Other Pennsylvania professionals
- \$125 Pennsylvania parent/guardian living with ASD requiring accreditations
- \$375 Professionals outside of Pennsylvania
- \$25 Pennsylvania parent/guardian/family member (does not include professional hours)
- \$50 Parent/guardian/family member outside Pennsylvania (does not include professional hours)
- \$50 Student in Pennsylvania (does not include professional hours)
- \$75 Student outside Pennsylvania (does not include professional hours)

### Late Registration (received August 1 or later)

- \$250 Pennsylvania public educator
- \$300 Other Pennsylvania professionals
- \$200 Pennsylvania parent/guardian living with ASD requiring accreditations
- \$450 Professionals outside Pennsylvania
- \$25 Pennsylvania parent/guardian/family member (does not include professional hours)
- \$50 Parent/guardian/family member outside Pennsylvania (does not include professional hours)
- \$50 Student in Pennsylvania (does not include professional hours)
- \$75 Student outside Pennsylvania (does not include professional hours)

A \$50 administrative fee will be charged for cancellations. Cancellation requests must be received in writing by Friday, July 15, at 5:00 p.m. (ET) by email at [autism@outreach.psu.edu](mailto:autism@outreach.psu.edu).

## 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.

Total amount: \$ \_\_\_\_\_

- 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 \_\_\_\_\_

**\*To pay by phone using your credit card**, please contact the Penn State Non-Credit Registration Office on Tuesdays or Thursdays between 8:00 a.m. and noon (ET) at 814-867-4973.

- Enclosed is a purchase order (made payable to The Pennsylvania State University) or letter of authorization from my employer or sponsoring organization.
- Penn State employees only – SIMBA JE# \_\_\_\_\_  
Please contact [noncredit@psu.edu](mailto:noncredit@psu.edu) for account information.

## Send all registration pages and payment to:

Conferences and 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)

**Note:** Credit card payments received by phone, mail and fax will be processed on Tuesdays and Thursdays when staff are in the office from 8:00 a.m. to noon (ET).