

# Registration Form: *Greater Phoenix Autism/Asperger's Conference*

March 26-27, 2010 • Phoenix Convention Center • Phoenix, Arizona

Register Online: [www.phxautism.org](http://www.phxautism.org) (preferred) or send in the form below.

✓ **Financial aid available for families with household income under \$50,000/year.** For more information call us at (480) 831-2047 or email us at [conference@phxautism.org](mailto:conference@phxautism.org) by Monday, March 15, 2010 to ensure availability.

Early Bird Registration: Registered and paid by March 5, 2010 Regular Registration: after March 5, 2010

Category	Friday, March 26th		Saturday, March 27th		Both Days: Friday/Saturday		Amount
	Early	Regular	Early	Regular	Early	Regular	
1st Parent/Family Member	\$90	\$100	\$90	\$100	\$160	\$180	
2nd Family Member	\$75	\$85	\$75	\$85	\$140	\$160	
Professional	\$120	\$130	\$120	\$130	\$190	\$210	
Parapro/Hab/Student*	\$50*	\$60*	\$50*	\$60*	\$80*	\$95*	*
People with Autism/Asperger's	\$20	\$25	\$20	\$25	\$30	\$40	
Refunds: 75% prior to March 23; no refunds after March 23					Conference Total:		

\* For **Parapro/Hab** Rate, include letter from agency stating you work with autistic children/adults and that your salary is below \$15/hour. Register only by mail/fax.

\* For **Student** Rate, include copy of your transcript showing that you are currently taking 12 or more credits. Register only by mail/fax. (A copy must accompany this registration form.)

Name (First, Last)	Category	Circle One: Friday Saturday Fri/Sat
Name (First, Last)	Category	Circle One: Friday Saturday Fri/Sat
Name (First, Last)	Category	Circle One: Friday Saturday Fri/Sat

Address	City	State	Zip
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E-mail (for e-mail confirmation, if registered by March 23rd)	Daytime Phone
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## METHOD OF PAYMENT

Check # \_\_\_\_\_  
(payable to Autism Society of Greater Phoenix) Credit Card Number \_\_\_\_\_

Purchase Order \_\_\_\_\_  
(A copy must accompany this form) Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

I am paying \$ \_\_\_\_\_ on my:  
 VISA  Mastercard Signature \_\_\_\_\_

## REGISTER ONLINE:

[www.phxautism.org](http://www.phxautism.org)

### Mail to:

Autism Society of Greater Phoenix  
1340 E. Vinedo Lane  
Tempe, AZ 85284

**Fax to:** (480) 272-9693

**Questions:** Call (480) 831-2047 or  
e-mail us at [conference@phxautism.org](mailto:conference@phxautism.org)

## FRIENDS / FAMILY REFERRAL PROGRAM

Were you referred by a friend? If so, please give us their name and contact information to enter them in a drawing for a free registration at a future conference.

Referred By: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Invite someone to attend one of our conferences and you too may have a chance to win! For EACH referral who registers, your name will be entered in a random drawing to win FREE registration towards the NEXT conference.

## EXHIBITORS / ADVERTISEMENTS:

Call (562) 864-3049, fax (562) 864-6508 or  
e-mail [exhibitors@phxautism.org](mailto:exhibitors@phxautism.org). Limited  
exhibitor space is available. Advertising is  
available in our conference syllabus.