

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

March 30-31, 2012 • MADCAP Theater • Tempe, 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, 2012 to ensure availability.

Early Bird Registration: Registered and paid by March 9, 2012 Regular Registration: after March 9, 2012

Category	Friday, March 30th		Saturday, March 31st		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 28; no refunds after March 28				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 (Professionals, please indicate Occupation) \_\_\_\_\_ Circle One: Friday Saturday Fri/Sat

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail (for e-mail confirmation, if registered by March 28th) \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name (First, Last) \_\_\_\_\_ Category (Professionals, please indicate Occupation) \_\_\_\_\_ Circle One: Friday Saturday Fri/Sat

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail (for e-mail confirmation, if registered by March 28th) \_\_\_\_\_ Daytime Phone \_\_\_\_\_

## METHOD OF PAYMENT

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

Purchase Order\*  
(A copy must accompany this form)

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

\* Must be paid by March 9, 2012

\_\_\_\_\_ Card Holder Name

\_\_\_\_\_ Credit Card Number

\_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code

\_\_\_\_\_ Signature

\_\_\_\_\_ Billing Address if Different

**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 [events@phxautism.org](mailto:events@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) 804-8790, fax (562) 804-8790 or  
e-mail [exhibitors@phxautism.org](mailto:exhibitors@phxautism.org). Limited  
exhibitor space is available. Advertising is  
available in our conference syllabus.