

Conference Registration Form

Thank you for your interest in the **2016 Rethinking Autism Conference**. Please fill in the below conference registration form as an individual or for each person attending from your group, company, or organization. Group registrations must be submitted together.

Name (please print): _____

Company/Organization: _____

Title/Discipline: _____ **CEUs Requested:** **yes** **no**

Phone: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Please indicate if you require special accommodations (physical, dietary, etc.): _____

Rethinking Autism

Registration Fees:

	Early Bird before March 1, 2016 (Bold rates include free t-shirt)	Regular/Onsite after March 1, 2016
Professional Rate (See website for pre-approved CEU offerings) Day I only Day II only	<input type="checkbox"/> \$149 T-Shirt Size _____ <input type="checkbox"/> \$75 <input type="checkbox"/> \$100	<input type="checkbox"/> \$179 <input type="checkbox"/> \$90 <input type="checkbox"/> \$115
Group Discount Rate (5 or more Professionals) **Group registrations must be submitted together to qualify.**	<input type="checkbox"/> \$129 T-Shirt Size _____	N/A
General Rate Day I only Day II only	<input type="checkbox"/> \$99 T-Shirt Size _____ <input type="checkbox"/> \$50 <input type="checkbox"/> \$75	<input type="checkbox"/> \$129 <input type="checkbox"/> \$65 <input type="checkbox"/> \$90
Student Rate Day I only Day II only	<input type="checkbox"/> \$65 T-Shirt Size _____ <input type="checkbox"/> \$35 <input type="checkbox"/> \$60	<input type="checkbox"/> \$85 <input type="checkbox"/> \$45 <input type="checkbox"/> \$70

Rethink Autism Luncheon – (1 ticket included with registration) Additional Ticket(s): _____ @ \$25

I am paying for _____ total registration(s) in the amount of \$ _____.

Please mail completed form with your check, money order, or credit card payment to:

Rethinking Autism Conference, c/o Optimal Rhythms, Inc., 621 S. Cullen Ave., Evansville, IN 47715

Card Type: Visa / Discover / Mastercard Card # _____ Expiration Date: _____

CVV Code: _____ Signature: _____

Online Registration Also Available: Visit our conference website at autism.optimalrhythms.org.