

## Conference Registration Form

Thank you for your interest in attending the **2017 Rethinking Autism Conference**.  
Please fill in one conference registration form below for each 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.):  
\_\_\_\_\_

### Registration Fees:

	<b>Early Bird</b> <u>Before March 18, 2017</u> <small>(bold rates include free t-shirt)</small>	<b>Regular/Onsite</b> <u>After March 18, 2017</u>
*Box lunch included each day		
<b>Professional Registration</b> <small>(See website for pre-approved CEU offerings)</small>  <div style="text-align: right;">                     Day I only                      Day II only                 </div>	<input type="checkbox"/> <b>\$169</b> T-Shirt size _____ <input type="checkbox"/> \$89 <input type="checkbox"/> \$89	<input type="checkbox"/> <b>\$199</b>  <input type="checkbox"/> \$109 <input type="checkbox"/> \$109
<b>Group Discount Rate</b> <small>(5 or more Professionals)</small> *Group registrations must be submitted together to qualify.*	<input type="checkbox"/> <b>\$149</b> T-Shirt size _____	N/A
<b>General Registration Rate</b>  <div style="text-align: right;">                     Day I only                      Day II only                 </div>	<input type="checkbox"/> <b>\$109</b> T-Shirt size _____ <input type="checkbox"/> \$65 <input type="checkbox"/> \$65	<input type="checkbox"/> <b>\$139</b>
<b>Student Registration Rate</b>  <div style="text-align: right;">                     Day I only                      Day II only                 </div>	<input type="checkbox"/> <b>\$75</b> T-Shirt size _____ <input type="checkbox"/> \$45 <input type="checkbox"/> \$45	<input type="checkbox"/> <b>\$95</b>  <input type="checkbox"/> \$65 <input type="checkbox"/> \$65

I'm paying for \_\_\_\_\_ total registration(s) for a total cost of \$ \_\_\_\_\_

**TOTAL DUE: \$ \_\_\_\_\_**

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

**Rethinking Autism Conference**  
**c/o Optimal Rhythms, Inc.**  
**8122 Robin Hill Road**  
**Newburgh, IN 47630**

Card Type: Visa / Discover / Mastercard

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Online Registration Also Available:  
 Visit our conference website at  
[autism.optimalrhythms.org](http://autism.optimalrhythms.org)

