

Conference Registration Form

# 6<sup>th</sup> Annual Autism Spectrum Disorders

April 2, 2009

Southwest Virginia Higher Education Center • Abingdon, Virginia

*Please print or type—complete a separate form for each participant*

Name \_\_\_\_\_ Title \_\_\_\_\_

School Name \_\_\_\_\_

School Division \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Daytime Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail \_\_\_\_\_ Signature \_\_\_\_\_

**Registration fee:** \$35

**Disability Descriptions** *(Check all that apply - if all apply, please check "All Disabilities").*

- |                                   |                              |   |
|-----------------------------------|------------------------------|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> HI  | <input type="checkbox"/> SLD              |
| <input type="checkbox"/> Autism   | <input type="checkbox"/> MD  | <input type="checkbox"/> SLP              |
| <input type="checkbox"/> DB       | <input type="checkbox"/> MR  | <input type="checkbox"/> TBI              |
| <input type="checkbox"/> DDel     | <input type="checkbox"/> OHI | <input type="checkbox"/> VI               |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> OI  | <input type="checkbox"/> All Disabilities |
| <input type="checkbox"/> ED       | <input type="checkbox"/> SD  |   |

**Title (Service Providers)** *(Only choose one):*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Administrator, GE      | <input type="checkbox"/> Paraprofessional   | <input type="checkbox"/> Teacher, SE            |
| <input type="checkbox"/> Administrator, SE      | <input type="checkbox"/> Parent/Family      | <input type="checkbox"/> Transition Coordinator |
| <input type="checkbox"/> College Student        | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> University Faculty     |
| <input type="checkbox"/> Guidance Counselor     | <input type="checkbox"/> Pre-K-12 Student   | <input type="checkbox"/> Voc. Teacher Admin.    |
| <input type="checkbox"/> Human Services Agency  | <input type="checkbox"/> Speech Pathologist | <input type="checkbox"/> Other Related Provider |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Teacher, GE        | <input type="checkbox"/> Other _____            |

**Program Affiliation** (Check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adult Ed./Family Literacy | <input type="checkbox"/> Head Start              | <input type="checkbox"/> School Age Spec. Ed. |
| <input type="checkbox"/> Early Childhood Spec. Ed  | <input type="checkbox"/> Homeless                | <input type="checkbox"/> Title 1              |
| <input type="checkbox"/> Early Intervention        | <input type="checkbox"/> Migrant Education       | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Even Start                | <input type="checkbox"/> Occupational Child Care |   |
| <input type="checkbox"/> General (or Regular) Ed.  | <input type="checkbox"/> Preschool Initiative    |   |

Please indicate any medically necessary dietary needs. \_\_\_\_\_

**Method of payment:** *Payment of registration fees is required prior to program attendance. Registration will be processed when payment is received.*

Check enclosed (Make payable to: Treasurer, Virginia Tech CE)

Credit Card:     Visa     MC     AmEx

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

Return with payment by **March 26, 2009** (no staples, tape, or paper clips, please) to:

Conference Registrar  
 Continuing and Professional Education  
 Virginia Tech, Mail Code 0272  
 702 University City Blvd.  
 Blacksburg, VA 24061

phone: 540/231-5182  
 fax: 540/231-3306 (for credit card registrations only)

**Refund and Cancellation Policy**  
 Requests for refunds will be honored when received seven calendar days prior to the program. However, another person may be substituted at any time for this program. A \$15 administrative fee will be deducted for cancellations. In the unlikely event that this program is cancelled or postponed due to insufficient enrollments or unforeseen circumstances, the university will fully refund registration fees but cannot be held responsible for any other expenses, including cancellation or change charges assessed by airlines, hotels, travel agencies, or other organizations.

For weather or disaster-related program cancellation or postponement information, please call 540-231-9489.

<b>Office Use</b>	Received
	AMT: _____
	CHK#: _____
	DATE: _____

*\*Necessary to process a refund payable to any company, agency or government.  
 The information you provide is subject to the Freedom of Information Act guidelines.*