Conference Registration Form

7th Annual Autism Spectrum Disorders

March 25, 2010
Southwest Virginia Higher Education Center • Abingdon, Virginia

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

Registration fee: □ No Charge – March 24, 2010 Event only
□ $39 – March 25, 2010 Event only
□ $39 – March 24 and 25, 2010 All Events

Name ___________________________ Title ___________________________

School Name ___________________________

School Division ___________________________

Mailing Address ___________________________

City ___________________________ State ___________________________ Zip ___________________________

Daytime Phone No. ___________________________ Fax No. ___________________________

E-mail ___________________________ Signature ___________________________

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

□ ADD/ADHD □ HI □ SD
□ Autism □ ID □ SLI
□ DB □ LD □ TBI
□ DDel □ MD □ VI
□ Deafness □ OHI □ All Disabilities
□ ED □ OI

Title (Service Providers) (Only choose one):

□ Administrator, GE □ Paraprofessional □ Teacher, SE
□ Administrator, SE □ Parent/Family □ Transition Coordinator
□ College Student □ Physical Therapist □ University Faculty
□ Guidance Counselor □ Pre-K-12 Student □ Voc. Teacher Admin.
□ Human Services Agency □ Speech Pathologist □ Other Related Provider
□ Occupational Therapist □ Teacher, GE □ Other ___________________________
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

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Return with payment by March 17, 2010 (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.

Program Affiliation (Check all that apply):

☐ Adult Ed./Family Literacy ☐ Head Start ☐ School Age Spec. Ed.
☐ Early Childhood Spec. Ed ☐ Homeless ☐ Title 1
☐ Early Intervention ☐ Migrant Education ☐ Other ____________________
☐ Even Start ☐ Occupational Child Care
☐ General (or Regular) Ed. ☐ Preschool Initiative

Please indicate any medically necessary dietary restrictions: ______________________

* 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.