

**GROUP REGISTRATION FORM -
2018 CHATTANOOGA AUTISM CONFERENCE**
Conference Date: Friday, April 20



School/Organization Name:
Contact Person:
Email (where invoice will be sent):
Mailing Address:
P.O. # (if applicable):

[-----Enter \$ amount in boxes-----]
Rates will increase after April 2.

	Attendee Names	Email addresses	Individual (\$45)	Clinician Seeking CEUs (\$100)	Student (\$30)	*Attendee type: Educator, TASL, Parent, other.
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
18)						
19)						
20)						

Sub Totals:			
Total:			

INSTRUCTIONS

Complete this form and send to dave@chattanoogaautismcenter.org or fax to 423-521-8094. You can complete form as excel file or handwritten. We will register these staff and email you an invoice (with PO# listed if included). Call 423-531-6961 opt 4 if you have questions.

LAST COLUMN

* Please list type of attendee for each person. Include multiple types if applicable. Types include: "Educator" "TASL", and "Parent". Educator is for teachers, aids, and paraprofessionals. TASL is for administrators seeking TASL credits. Parent is for a person who is also a parent of a child with autism. We try to get an accurate count of how many parents attend the conference each year. Leave blank if none apply.