

## Registrant Information

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ **(\*REQUIRED)**

## Conference Rates

- Autism Society Member • \$235       Non-Member • \$270       Individual with ASD • \$105

## Payment

**Total Amount Due:** \$ \_\_\_\_\_

**CHECK** (made payable to the Autism Society of Greater Wisconsin): Check Number: \_\_\_\_\_

**PURCHASE ORDER** (PO must be attached with registration or it will not be processed)

Purchase Order Number: \_\_\_\_\_

**CLTS, COPP OR IRIS FUNDS**

All registrations using CLTS, COPP or IRIS funds must include the information below and an authorization to be processed. Contact Amber at [alefevre@autismgreaterwi.org](mailto:alefevre@autismgreaterwi.org) with questions.

Service Coordinator: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Child: \_\_\_\_\_

### **Billing information** *(Check or Purchase Order Only):*

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **RETURN REGISTRATION BY EMAIL**

Please email completed registration form to [alefevre@autismgreaterwi.org](mailto:alefevre@autismgreaterwi.org)

Contact Amber with questions about rates or for assistance with registration

Phone: 920-558-4600

Email: [alefevre@autismgreaterwi.org](mailto:alefevre@autismgreaterwi.org)