

# **2025 Conference Registration**

Please select all that apply:

### **Registration Type:**

Please note that rates increase on March 1, 2025. The registration deadline is 11:59 p.m., March 7, 2025.

Parent/Caregiver/Teacher:\$125 (\$150 after 2/28)

#### Autistic Adult/Individual with Autism:

**\$100** (\$125 after 2/28)

Professional: \$175 (\$200 after 2/28)

### Invoices and Purchase Orders:

Check the box if you are paying by purchase order or require an invoice.

#### Food Preference:

- Vegetarian meal
- Non-vegetarian meal
- Special diet/food allergy

If you checked food allergy, please indicate the allergy(ies) below:

## Interpretation?

**Total:** s

Check the box if you need simultaneous Spanish interpretation during the sessions.

	Credit Card			
	MasterCard	American Express	🗖 Visa	Discover
	Credit Card Numb	er:		
37	Expiration Date:			_ Security Code:
	Cardholder Name:			
please indicate				
	Signature:			
eed simultaneous g the sessions.	Autism Society of 2025 Conference 5121 Kingdom V Raleigh, NC 2760 Fax: 919-882-86	Vay, Suite 100 07 61		
	School/organization purchase order instructions: To reserve your spot and be invoiced,			

complete this form and forward to your school or district accounting department. They can then forward a purchase-order request or check to the above address.

Name (first, last): \_\_\_\_\_

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

Phone (c): Phone (h):

Email (required):

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

**Payment Type** 

Check Number: \_\_\_\_\_

Employer (optional): \_\_\_\_\_

**Check** (make checks payable to ASNC)

Innovations Waiver instructions: Medicaid Innovations Waiver recipients and their natural supports system (family, caregivers, etc.) are eligible for funding assistance to attend the conference via the waiver. To receive this funding, complete this form and contact your care coordinator and let them know that you wish to use Natural Supports Education funds for your conference expenses.

Questions? Contact David Laxton at 919-865-5063, or dlaxton@autismsociety-nc.org.

Payment due with application