

# 18th Annual Texas Autism Conference



## BACK TO THE B.E.A.C.H.

Becoming Empowered Autism Champions and Heroes

Hotel room reservations for the conference can be made by calling the Omni Hotel Corpus Christi at 800-843-6664. To take advantage of the special TAC rates, please book your reservation by November 10, 2009.

If you are unable to register online, please complete each line of this form including method of payment. To prevent delay in your registration, please register online with your PO number and then submit this form. Mail to: **Texas Autism Conference Registration, P.O. Box 201796, Austin, TX 78720**. All payments must be received before November 13th. If you are registering after November 13th, please keep your form and register onsite at the American Bank Center. **Leaving any part incomplete will delay your registration.**

Title:  Mr.  Ms.  Mrs.  Dr.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

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

Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

ESC: \_\_\_\_\_

ADA Needs: \_\_\_\_\_

**Level** (please check one):

- Elementary School     Middle School     High School  
 Consultant     Licensed Specialist in School  
 Psychology     Speech Language Pathologist  
 Administrator     Educational Diagnostician

First Year Attendee:  Yes  No

# Registration Form

## TAC CONFERENCE REGISTRATION FEES

- Parent  \$125  
 Professional  \$150  
 Student  \$50 (School: \_\_\_\_\_ )

**I will be attending** (please check all that apply):

- Welcome Reception**  
 December 3, 2009, 5:30pm - 8:00pm  
 **Parent's Panel**  
 December 4, 2009, 5:30pm - 8:00pm  
 **Public Meeting**  
 December 5, 2009, 10:00am - 3:00pm

**GRAND TOTAL \$** \_\_\_\_\_

## PAYMENT INFORMATION

Payment is being made by:

**Purchase Order #** \_\_\_\_\_

**Credit Card**

- MasterCard     VISA     AmEx     Discover

Account Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Cardholder Name (print): \_\_\_\_\_

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

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

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

I authorize Texas Autism Conference to charge my credit card in the amount of

**\$** \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Personal Check**

I have enclosed a check in the amount of

Check # \_\_\_\_\_ \$ \_\_\_\_\_

Made payable to **Texas Autism Conference Registration**.

By completing this form, you agree that you have read and understand the Texas Autism Conference Cancellation Policy.

**Cancellation Policy:** A \$25 fee will be charged for cancellations received prior to November 13, 2009. No request for refund will be accepted after November 16, 2009. There will be no refunds given for no-shows. Substitutions may be made on-site with appropriate documentation.

**Texas Autism Conference Registration**  
**P.O. Box 201796, Austin, TX 78720**

