

Registration Form

Registration will be accepted by mail (payment by check to **CTIA 2017/TARF**) or online: (payment by credit card—**PayPal/MC/Visa/Amex**).

MAIL-IN: One person per form, please. Feel free to make copies of the form. Mail check and registration form to: **CTIA 2017/TARF, PO Box 391, Arlington, MA 02476**

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Confirmation will be sent by email: _____
(Please provide your email address)

Parent/Guardian (child's age ___) **Person with ASD** **Student**

1 day (indicate which day) Friday **or** Saturday @ \$135/day \$ _____

2 days—Friday **and** Saturday @ \$215 _____

Saturday Evening Dinner and Panel—additional \$45 _____

Professional (professional credits applied for, indicate profession: _____)

1 day (indicate which day) Friday **or** Saturday @ \$210/day _____

2 days—Friday **and** Saturday @ \$360 _____

Saturday Evening Dinner and Panel—additional \$45 _____

I would like to make a donation The Autism Research Foundation _____

Please make checks payable to: **CTIA 2017/TARF** **TOTAL** \$ _____

Credit card payment available via online registration at www.ctiaconference.org/register

We will do our best to accommodate special diets. Please check appropriate boxes:

Saturday lunch option (refer to schedule): Learning Lunch Lunch Social

Special meal options: GF/CF Gluten Free Vegetarian Vegan

Please list any food allergies: _____

I will attend the Friday night Awards Reception (no fee)

I cannot attend the Awards Reception, but will send in a nomination for a deserving individual

Concurrent Sessions

Indicate 1st and 2nd choices for each concurrent session (refer to schedule)

Friday **11 AM** ___ A ___ B

Friday **1:15 PM** ___ A ___ B

Friday **2:30 PM** ___ A ___ B

Saturday **11 AM** ___ A ___ B

Saturday **1:15 PM** ___ A ___ B

Saturday **2:30 PM** ___ A ___ B