

Conference Registration

“Critical Issues for Adolescents on the Autism Spectrum”

Crystal Lake, IL ♦ April 11-12, 2007

Holiday Inn Chicago-Crystal Lake

Name: _____ Workplace: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone (H): _____ Phone (W): _____

Fax: _____ Email: _____

Please check one:

Early Bird Fees: Must be postmarked by March 12

___ Professional, Apr 11-12, \$195 ___ Parent, Apr 11-12, \$160

___ Professional, Apr 11, \$130 ___ Parent, Apr 11, \$95

___ Professional, Apr 12, \$130 ___ Parent, Apr 12, \$95

Registration Fees: March 13 - April 12

___ Professional, Apr 11-12, \$205 ___ Parent, Apr 11-12, \$160

___ Professional, Apr 11, \$140 ___ Parent, Apr 11, \$95

___ Professional, Apr 12, \$140 ___ Parent, Apr 12, \$95

Confirm By:

___ Email

___ Fax

___ Home Phone

___ Work Phone

Check box for an email on graduate credit info:

Payment Type Please fax copy of purchase order. If P.O. # is unknown, list fax # to receive an invoice.

1) Check # _____

2) P.O. # _____ Fax invoice to: _____

3) Visa or Mastercard # _____

Exp. Date: _____ 3-Digit Security Code (on back of card): _____

Billing address: _____ Zip: _____

Authorized Signature: _____

Spectrum Training Systems, Inc.

2024 Jonathon Drive ♦ Appleton, WI 54914

Phone: (920) 749-0332 ♦ Fax: (920) 882-0736

Please write checks to: Spectrum Training Systems, Inc.

Payments or purchase orders MUST be received by April 10, 2007.

Cancellation Policy: If you have registered and cannot attend, you may send a substitute without penalty. A \$30 cancellation fee will apply to all registrants who give written notice at least 2 weeks before the seminar. No refunds will be granted within the two weeks before the seminar. The same policy will apply to all purchase orders. Cancellations will not be accepted unless written by mail, fax or email.

For Office Use Only

✓R _____ © _____ Inv. Faxed: _____ Note: _____