



REGISTRATION FORM

Fall Conference

Friday, October 22, 2010

Early Registration Discount Deadline 10/8/10

Please Print Legibly:

Name(s) _____

Address _____

Phone (_____) _____

Email _____

Check One:

Legal Professional _____

Parent _____

Medical/Health Professional _____

Family Member _____

Educational Professional _____

Individual Young Adult/Adult with ASD _____

Aspen Member? (as of date of conference)

Yes _____ Chapter _____

No _____ If you would like to join, please enclose a

SEPARATE check for annual dues (Families: \$35;

Professionals: \$55) payable to ASPEN, along with member conference registration fee. (See reverse)

Kindly mail your completed form with your check or purchase order made payable to ASPEN to:

ASPEN Fall Conference 2010

9 Aspen Circle

Edison, NJ 08820

USA

Please complete reverse side.

**PLEASE CHOOSE ONE PRESENTATION FOR EACH
OF THE TWO AFTERNOON SESSIONS:**

AFTERNOON SESSION I

- _____ A) *Organizing Strategies for Doing Homework*
- _____ B) *Making Sense of Test Scores: What Do All Those Numbers Mean?*
- _____ C) *A Successful IEP: What Makes It and What Breaks It*
- _____ D) *Quirky Kids: How Sensory and Auditory Sensitivities Affect Behavior and What You Can Do To Help*

AFTERNOON SESSION II

- _____ E) *Organizing Strategies for Doing Homework*
- _____ F) *Making Sense of Test Scores: What Do All Those Numbers Mean?*
- _____ G) *A Successful IEP: What Makes It and What Breaks It*
- _____ H) *Quirky Kids: How Sensory and Auditory Sensitivities Affect Behavior and What You Can Do To Help*

REGISTRATION FEE

(INCLUDES MATERIALS, BREAKFAST, LUNCH AND COFFEE BREAKS)
We regret that we cannot accommodate special dietary requests.

ALL FEES ARE PER PERSON.

_____ **MEMBER (PARENT or FAMILY MEMBER)**

\$105.00 (\$130.00 AFTER 10/8/10)

_____ **MEMBER (PROFESSIONAL)**

\$175.00 (\$200.00 AFTER 10/8/10)

_____ **NON-MEMBER (PARENT or FAMILY MEMBER)**

\$135.00 (\$160.00 AFTER 10/8/10)

_____ **NON-MEMBER (PROFESSIONAL)**

\$200.00 (\$225.00 AFTER 10/8/10)

_____ **MEMBER INDIVIDUAL WITH ASD**

\$80.00 (\$95.00 AFTER 10/8/10)