

# OCALICON 2017

The Nation's Premier Autism and Disabilities Conference

## GROUP REGISTRATION FORM

Please note: By completing this form, registrant grants OCALI the right to create or modify an OCALI Pass on registrant's behalf. OCALI Pass is an individual online user account system, accessible through <http://www.ocalicon.org>. Furthermore, registrant agrees to the OCALI Pass terms and conditions as stated at [http://conference.ocali.org/rms\\_acct\\_addup.php](http://conference.ocali.org/rms_acct_addup.php).

**Complete this form in its entirety. Please use a mailing and email address where you can receive mail throughout the year.**

**Group Name:** \_\_\_\_\_

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

Organization Name: \_\_\_\_\_

This address is for:  Home  Work

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email (our primary method of contact): \_\_\_\_\_

Role/Job Title: \_\_\_\_\_

Gender (optional): \_\_\_\_\_

Race (optional): \_\_\_\_\_

**Please include any requests for provisions, services, or equipment per the Americans With Disabilities Act (ADA).**

Requests must be received by Friday, October 20, 2017 to provide OCALI with sufficient notice for securing reasonable accommodations.

**Mailing List: OCALI has my permission to add my name and contact information (email and mailing address) to the OCALICON 2017 Mailing List.** I understand that I may be contacted by and/or receive special offers/invitations from OCALICON participants, including exhibitors/sponsors. Furthermore, I understand that my agreement is strictly voluntary and may be revoked by sending a written request to [support@ocali.org](mailto:support@ocali.org) by Tuesday, October 31, 2017.

Yes  No

**Describe the extent of your involvement in your organization's purchasing decisions related to equipment or services:**

N/A  I Recommend Purchasing Decisions  
 I Lead/Make Purchasing Decisions  I Am Not Involved with Purchasing Decisions

**I plan to attend the 2017 Ohio Regional Literacy Institute on Thursday, November 16.** (choose one)

Northwest Ohio  Northeast Ohio  Southeast Ohio  Southwest Ohio  Not Attending

**I plan to attend the 2017 Ohio Sensory Disabilities Summit on Friday, November 17.**

Yes  No

## REGISTRATION FEES

Please note: All registration fees are in U.S. dollars. Select your conference registration type based on the current registration window. One registration form is required for each attendee. Each registrant must have a unique email address. Registrations may not be shared between two or more individuals. Conference registration must be postmarked prior to the close of the registration window in order to qualify for the associated registration fee. *Once registration form is submitted and processed, any rate change is subject to a \$40.00 processing fee.*

Full-Conference Options	Registration Window	Registration Fee
<input type="checkbox"/> Group Registration*	April 3 – November 17, 2017	\$175
Pre-Order T-Shirt	Registration Window	Cost
<input type="checkbox"/> OCALICON 2017 T-Shirt	April 3 - October 16, 2017	\$15
Choose One: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL		

*Please note that admission to all sessions is on a first-come, first-served basis. All OCALICON 2017 sessions will be presented in English.*

\*  
Minimum of 10 registrants from the same organization

**CANCELLATION and TRANSFER POLICY:** Attendees may transfer an OCALICON registration to another attendee for free. A request to transfer a registration must be submitted in writing to registration@ocali.org. All OCALICON registration cancellations, regardless of payment type, are subject to a \$40.00 processing fee before Monday, October 16, 2017. **No OCALICON registration refunds will be given after Monday, October 16, 2017.** A request to cancel a registration must be submitted in writing to registration@ocali.org. OCALICON materials will be sent via U.S. Mail to U.S. registrants whose registrations are received or postmarked by Monday, October 16, 2017. U.S. registrants whose registrations are received after Monday, October 16, 2017, will receive OCALICON materials on-site. All international registrants will receive OCALICON materials on-site.

## PAYMENT INFORMATION

**Check**      Check #: \_\_\_\_\_

**Make checks payable to the ESC of Central Ohio.  
Returned checks will be assessed a \$40.00 fee.**

**Credit Card**      

Card #: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ Card Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Purchase Order**      PO #: \_\_\_\_\_

**If registering by Purchase Order, please complete the below information for your Accounts Payable or equivalent.**

Organization Name: \_\_\_\_\_ Accounts Payable Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Note: Multiple Registrants on a Single Purchase Order** - Must complete a separate registration form for **each** registrant. Each registrant must have a unique email address. Please submit all registrations in the same envelope.

Send Completed Registration Form to: **OCALICON 2017 Registration** | 470 Glenmont Ave. | Columbus, OH 43214  
Fax - 614.262.1070