

OCALICON 2017

The Nation's Premier Autism and Disabilities Conference

REGISTRATION FORM – Presenter

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

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

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 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

REGISTRATION FEES – Presenter

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"/> OCALICON Presenter*	July 6 – November 17, 2017	\$50	*Must be accepted as an OCALICON 2017 presenter. Please note that admission to all sessions is on a first-come, first-served basis.
Add-On Option: Summit on Sensory Disabilities (for Deaf/Hard of Hearing or Blind/Visually Impaired)	Registration Window	Registration Fee	
<input type="checkbox"/> Summit on Sensory Disabilities (Nov. 17)	June 21 – November 17, 2017	\$0	All OCALICON 2017 sessions will be presented in English.

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