



Individual Registrant Form

The Premier Autism and Disabilities Conference
November 18-21, 2025

Please use the Group Registration Form if registering more than one person on the same PO or credit card.

Attendee Profile

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, including the Multimedia Release as stated at http://conference.ocali.org/rms_acct_addup.php.

Please provide current contact information by completing ALL requested fields.

Name: _____

Organization Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____
(our primary method of contact)

Role/Job Title: _____

Conference Rates

Select your conference registration rate based on the current registration window. Rates are per person.

| | |
|---|--------------|
| Limited Edition Professional April 1 - August 15 (or first 750) | \$200 |
|---|--------------|

| | |
|--|--------------|
| Back to School Professional August 16 - September 30 | \$300 |
|--|--------------|

| | |
|--|--------------|
| Last Chance Professional October 1 - November 21 | \$375 |
|--|--------------|

| | |
|---|-------------|
| Parent/Family Rate* April 1 - November 21 | \$80 |
|---|-------------|

| | |
|--|-------------|
| Student Rate** April 1 - November 21 | \$80 |
|--|-------------|

*An individual with a disability may also register at the Parent/Family member rate. Available to any parent and/or family member of an individual with autism spectrum disorder, a sensory disability, or a low-incidence disability.

**Must be currently enrolled as a full-time graduate or undergraduate student.

We strive to host inclusive, accessible events that enable all individuals, including individuals with disabilities, to engage fully. Please include any requests for accommodations or supports. Note that notice is requested by Monday, September 30, 2025, as some accommodations may require time to arrange. OCALI will do its best to honor requests received after this date, but cannot guarantee fulfillment.

CANCELLATION and TRANSFER POLICY: Paying attendees may transfer a registration to another attendee for free at any time. A request to transfer a registration must be submitted in writing to events@ocali.org. Attendees who cancel before the final Friday before the conference begins will receive a full refund. Cancellations on or after the final Friday before the conference begins will receive a full refund minus associated processing fees. A request to cancel an attendee registration must be submitted by emailing the conference team at events@ocali.org.

PLEASE NOTE: Each registrant must have a unique email address. Registrations may not be shared between two or more individuals.

Payment Information

Credit Card | Phone: _____
OCALI will call to collect CC information.

Check | Number: _____
Make checks payable to ESC of Central Ohio.
Returned checks will be assessed a \$50 fee.

Purchase Order | Number: _____
PO Total: _____

Accounts Payable (AP) Information

Please list the person who will ensure payment is promptly processed.

AP Name: _____

AP Organization: _____

Phone Number: _____

AP Email: _____
(cc'd in PO registrations)

**Email completed registration form to
events@ocali.org.**

Alternative method: Mail (forms and checks) to
OCALICON Registration | 470 Glenmont Ave. | Columbus, OH 43214