

Group Information

Primary Group Contact: _____

Address: _____
(Address will be used for each attendee to create their account profile if one does not already exist.)

City/Town: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Conference Rates

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

Professional-Back to School \$250
July 15 - September 30

Professional-Fall \$350
October 1 - November 20

Parent/Family (No CEUs)* \$80
July 15 - November 20

Student (No CEUs)** \$80
July 15 - November 20

*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.
NEW for 2026: No CEUs are available with this rate.

Must be currently enrolled as a full-time graduate or undergraduate student. **NEW for 2026: No CEUs are available with this rate.

Payment Information

Payment Total: _____

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: _____

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)

Attendee Information

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.

ADA Requests

Mark if there are any ADA requests or services needed. See following page to make specific requests.

Attendee 1 Name _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee 2 Name _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee 3 Name _____

Email: _____

Has an ADA request

Role/Job Title: _____

Continue attendees' information on following page

Continued Attendee Information

Attendee 4 Name _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee 5 Name _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee 6 Name _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee 7 Name _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee 8 Name _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee 9 Name _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee 10 Name _____

Email: _____

Has an ADA request

Role/Job Title: _____

For groups over 10, please use the additional blank group registration form.

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 Wednesday, September 30, 2026, as some accommodations may require time to arrange. OCAL 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. Cancellations must be submitted no later than 24 hours before the published start time of the conference's opening keynote, based on the conference's official time zone of Eastern Standard Time. Cancellations received after this deadline are not eligible for a refund. All cancellation requests must be submitted in writing to events@ocali.org.

PLEASE NOTE: Each registrant must have a unique email address. Registrations may not be shared between two or more individuals. Registration must be postmarked prior to the close of the registration window in order to qualify for the associated registration rate.

Email completed registration forms to events@ocali.org.

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

Continued Attendee Information

Attendee Name: _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee Name: _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee Name: _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee Name: _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee Name: _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee Name: _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee Name: _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee Name: _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee Name: _____

Email: _____

Has an ADA request

Role/Job Title: _____

Attendee Name: _____

Email: _____

Has an ADA request

Role/Job Title: _____