OCALICONLINE
20 Years

Individual Registrant Form

The Premier Autism and Disabilities Conference
November 17-20, 2026

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.

☐	**Professional-Back to School** *July 15 - September 30*	**$250**
☐	**Professional-Fall** *October 1 - November 20*	**$350**
☐	**Parent/Family (No CEUs)*** *July 15 - November 20*	**$80**
☐	**Student (No CEUs)**** *July 15 - November 20*	**$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.* **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.**

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. *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. 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.

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