

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

Opt in to SMS\*

Email: \_\_\_\_\_

\*Add your mobile phone number to opt in to receive reminders and announcements during the live event and on-demand recording window. Standard message and data rates may apply.

### Full Conference Rates

Select your conference registration rate based on the current registration window.

<b>Limited Edition Professional</b> <small>January 31 - June 30 (or first 750)</small>	<b>\$200</b>
<b>Early Bird Professional</b> <small>July 1 - September 30</small>	<b>\$300</b>
<b>Standard Professional</b> <small>October 1 - November 10</small>	<b>\$375</b>
<b>Last Chance Professional</b> <small>November 11 - November 22</small>	<b>\$425</b>
<b>Parent/Family Rate**</b> <small>January 31 - November 22</small>	<b>\$80</b>
<b>Student Rate***</b> <small>January 31 - November 22</small>	<b>\$80</b>

\*\*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.

### 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](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: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Opt in to SMS\*

Attendee 2 Name \_\_\_\_\_

Email: \_\_\_\_\_

Has an ADA request

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

Phone Number: \_\_\_\_\_ Opt in to SMS\*

Attendee 3 Name \_\_\_\_\_

Email: \_\_\_\_\_

Has an ADA request

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

Phone Number: \_\_\_\_\_ Opt in to SMS\*

Continue attendees' information on following page

## Continued Attendee Information

**Attendee 4 Name** \_\_\_\_\_

Email: \_\_\_\_\_

Has an ADA request

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

Phone Number: \_\_\_\_\_ Opt in to SMS\*

**Attendee 5 Name** \_\_\_\_\_

Email: \_\_\_\_\_

Has an ADA request

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

Phone Number: \_\_\_\_\_ Opt in to SMS\*

**Attendee 6 Name** \_\_\_\_\_

Email: \_\_\_\_\_

Has an ADA request

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

Phone Number: \_\_\_\_\_ Opt in to SMS\*

**Attendee 7 Name** \_\_\_\_\_

Email: \_\_\_\_\_

Has an ADA request

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

Phone Number: \_\_\_\_\_ Opt in to SMS\*

**Attendee 8 Name** \_\_\_\_\_

Email: \_\_\_\_\_

Has an ADA request

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

Phone Number: \_\_\_\_\_ Opt in to SMS\*

**Attendee 9 Name** \_\_\_\_\_

Email: \_\_\_\_\_

Has an ADA request

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

Phone Number: \_\_\_\_\_ Opt in to SMS\*

**Attendee 10 Name** \_\_\_\_\_

Email: \_\_\_\_\_

Has an ADA request

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

Phone Number: \_\_\_\_\_ Opt in to SMS\*

**For groups over 10, use the auxiliary 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 September 30, as some accommodations may require time to arrange. Include name of attendee and ADA request below.**

*CANCELLATION and TRANSFER POLICY: 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](mailto:events@ocali.org). All OCALICON registration cancellations submitted on or before Friday, October 18, 2024, will receive a full refund. Cancellations after Friday, October 18, 2024, will incur a \$50.00 processing fee per individual registration refund. A request to cancel an attendee registration must be submitted by emailing [events@ocali.org](mailto: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 fee.*

**Email completed registration form to [events@ocali.org](mailto:events@ocali.org).**

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

## Continued Attendee Information

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Email: \_\_\_\_\_

Has an ADA request

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

Phone Number: \_\_\_\_\_ Opt in to SMS\*

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