



Single Registrant Form

The Premier Autism and Disabilities Conference
November 19-22, 2024

Please use Group Registration Form if registering more than one person.

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: _____ Opt in to SMS*

Email: _____
(our primary method of contact)

Role/Job Title: _____

*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.

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..

Full Conference Rates

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

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

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. 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.

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(s) to events@ocali.org.

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