



Group Registration Form

The Premier Autism and Disabilities Conference
November 16-19, 2021

Group Information

Primary Group Contact: _____

Address: _____
(address (non PO box preferred) will be used for mailing conference materials to each attendee and creating their attendee profile.)

City/Town: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Group Rate

15th Anniversary Special **\$150**
May 3 - June 15

Inspiration **\$200**
June 16 - September 15

Action **\$225**
September 16 - November 19

Parent/Family Rate* **\$50**
May 3 - November 19

Student Rate** **\$50**
May 3 - November 19

**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

All fields must be completed to process registration.

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, services, or equipment needed. See following page to make specific requests.

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: _____

Continue attendees' information on following page

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: _____

For groups over 10, use an additional 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 at least two weeks' advance notice is requested as some accommodations may require time to arrange.

Requests must be received by Friday, October 29, 2021. 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. All OCALICON registration cancellations submitted before Friday, October 15, 2021 will receive a full refund. No OCALICON registration refunds will be given after Friday, October 15, 2021. 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. 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.

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