

Attendee Profile

Please note: 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 a current mailing address to receive conference materials:

Name: _____

Organization Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____
(our primary method of contact)

Role/Job Title: _____

Include any requests for provisions, services, or equipment per the Americans with Disability Act (ADA).

Requests must be received by Friday, October 16, 2020.

Full Conference Rates

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

Early Bird Rate August 12 – October 16	\$200
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Last Chance Rate October 17 – November 9	\$275
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Parent/Family Rate* August 12 – November 9	\$50
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Student Rate** August 12 – November 9	\$50
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*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.

OCALICONLINE T-Shirt

Official OCALICONLINE
T-Shirts can be
ordered online through
The Awesome Company.
www.ocalicon.org/tshirt



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 16, 2020 will receive a full refund. Cancellations after Friday, October 16, 2020 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: One registration form is required for each attendee. 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

All fields must be completed to process registration.

AP Name: _____

AP Organization: _____

Billing Address: _____

City/Town: _____ State: _____ Zip: _____

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 Registration | 470 Glenmont Ave. | Columbus, OH 43214