

REGISTRATION FORM – Autumn Special

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.

Complete this form in its entirety. Please use a mailing and email address where you can receive mail throughout the year.

Name: _____

Organization Name: _____

This address is for: Home Work

Address 1: _____

Address 2: _____

City/Town: _____ State: _____ Zip: _____

Phone Number: _____

Email (our primary method of contact): _____

Role/Job Title: _____

How did you hear about OCALICON? _____

Please include any requests for provisions, services, or equipment per the Americans With Disabilities Act (ADA).

Requests must be received by Friday, October 19, 2018, to provide OCALI with sufficient notice for securing reasonable accommodations.

OCALI Now – OCALI's Monthly Newsletter

I want to stay in touch! Please add my email address to the OCALI Now mailing list. I may change or revoke my permission at any time by contacting OCALI (support@ocali.org | 614.410.0321).

OCALICON COMMUNICATIONS

OCALICON collects personal information from conference attendees including first and last name, email address, mailing address, city, state, and zip/postal code. OCALICON takes attendee privacy very seriously and collects and stores such information using encrypted protocol and systems. Participant information is used exclusively for activities associated with OCALICON including conference communications via email and U.S. mail* and the printing of name badges on-site at OCALICON. If you would like to opt out of OCALICON communications, send an email request to support@ocali.org or call Simon Buehrer (614.410.0995).

PRE- AND POST-EVENT EXHIBITOR EMAIL

OCALICON offers 2018 exhibitors the opportunity to purchase pre- and post-event email communications with OCALICON attendees. These communications are handled through an encrypted and secure system managed by a third-party provider – and do not provide direct access to attendee personal information such as name or email address. The list of exhibitors who purchase pre- and post-event email communications will be posted at ocalicon.org. The third-party provider will destroy all personal information at the conclusion of the pre- and post-event email communications.

I give OCALICON exhibitors permission to send me pre- and post-event email communications. I may change or revoke my permission at any time by contacting OCALI (support@ocali.org | 614.410.0321).

*OCALICON does not communicate via international post.

REGISTRATION FEES – Autumn Special

Please note: All registration fees are in U.S. dollars. Select your conference registration type based on the current registration window. 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. Registration must be postmarked prior to the close of the registration window in order to qualify for the associated registration fee. *Once registration form is submitted and processed, any rate change is subject to a \$40.00 processing fee.*

Full-Conference Options (Nov. 14-16)	Registration Window	Registration Fee
<input type="checkbox"/> Autumn Special	October 16, 2018 – November 16, 2018	\$375
<input type="checkbox"/> Parent/Family* or Student**	April 4 – November 16, 2018	\$75

Single Day Options	Registration Window	Registration Fee
<input type="checkbox"/> Wednesday (Nov. 14)	April 4 – November 14, 2018	\$200
<input type="checkbox"/> Thursday (Nov. 15)	April 4 – November 15, 2018	\$200
<input type="checkbox"/> Friday (Nov. 16)	April 4 – November 16, 2018	\$150

Please note that admission to all sessions is on a first-come, first-served basis.

All OCALICON 2018 sessions will be presented in English.

*
Rate is available to any parent and/or family member of an individual with autism spectrum disorder, a sensory disability, or a low-incidence disability. An individual with autism spectrum disorder, a sensory disability, or a low-incidence disability may also register at the Parent/Family rate. Please note the fee is per attendee.

**
Must be currently enrolled as a full-time student
Undergraduate minimum: 12 credit hours
Graduate minimum: 10 credit hours

CANCELLATION and TRANSFER POLICY: Attendees may transfer an OCALICON registration to another attendee for free. A request to transfer a registration must be submitted in writing to registration@ocali.org. All OCALICON registration cancellations, regardless of payment type, are subject to a \$40.00 processing fee before Monday, October 15, 2018. **No OCALICON registration refunds will be given after Monday, October 15, 2018.** A request to cancel a registration must be submitted in writing to registration@ocali.org. All requests to transfer a registration after October 15 must be completed on-site at the Registration Desk. The transferor's name badge must be turned in to OCALI, then a new badge will be printed for the transferee.

OCALICON MATERIALS POLICY: OCALICON materials will be sent via U.S. Mail to U.S. registrants whose registration is received or postmarked by Monday, October 15, 2018. U.S. registrants whose registrations are received after Monday, October 15, 2018, will receive OCALICON materials on-site. All international registrants will receive OCALICON materials on-site.

PAYMENT INFORMATION

Check Check #: _____

**Make checks payable to the ESC of Central Ohio.
Returned checks will be assessed a \$40.00 fee.**

Credit Card 

Card #: _____

Name: _____

Expiration Date: _____ Card Code: _____ Zip Code: _____

Purchase Order PO #: _____

If registering by Purchase Order, please complete the below information for your Accounts Payable or equivalent.

Organization Name: _____ Accounts Payable Name: _____

Daytime Phone: _____ Email Address: _____

Billing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Note: Multiple Registrants on a Single Purchase Order - Must complete a separate registration form for **each** registrant. Each registrant must have a unique email address. Please submit all registrations in the same envelope.

Send completed Registration Form and payment to:

OCALICON 2018 Registration | 470 Glenmont Ave. | Columbus, OH 43214
Fax - 614.262.1070