

## REGISTRATION FORM – Back to School 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](http://conference.ocali.org/rms_acct_addup.php).

**Complete this form in its entirety. Please use an 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? \_\_\_\_\_

What CEU options do you need/prefer? \_\_\_\_\_

Note: Please spell out all abbreviations. OCALICON will use this information as part of ongoing planning efforts, but cannot guarantee all requested CEU options.

**INCLUDE ANY REQUESTS FOR PROVISIONS, SERVICES, OR EQUIPMENT PER THE AMERICANS WITH DISABILITIES ACT (ADA). Requests could include ASL or tactile interpreter, braille/large print/electronic versions of conference guidebook, assisted listening device, or support for sensory sensitivities. Please let us know (send an email to [events@ocali.org](mailto:events@ocali.org)) if you will be accompanied by a personal assistant or service dog.**

Requests must be received by Friday, October 18, 2019, to provide OCALI with sufficient notice for securing accommodations.

### PRE- AND POST-EVENT EXHIBITOR EMAIL

OCALICON offers 2019 exhibitors the opportunity to purchase pre- and post-event email communications with OCALICON attendees. These communications are handled through an encrypted and secure system mailing system – and do not provide direct access to attendee personal information such as name or email address.

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 ([events@ocali.org](mailto:events@ocali.org) | (614) 410-0321).

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](mailto:registration@ocali.org). All OCALICON registration cancellations, regardless of payment type, are subject to a \$50.00 processing fee before Monday, October 14, 2019. **No OCALICON registration refunds will be given after Monday, October 14, 2019.** A request to cancel a registration must be submitted in writing to [registration@ocali.org](mailto:registration@ocali.org). All requests to transfer a registration after October 14 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.

# REGISTRATION FEES – Back to School 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 \$50.00 processing fee.

## Full-Conference Options (Nov. 20-22)

	Registration Window	Registration Fee
<input type="checkbox"/> Back to School Special	August 1 – October 15, 2019	\$325
<input type="checkbox"/> Autumn Special	October 16, 2019 – November 22, 2019	\$375
<input type="checkbox"/> Parent/Family* or Student**	April 2 – November 22, 2019	\$75

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

\* 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

## Inclusive Education Leadership Institute – Hosted by the Ohio Department of Education, Office for Exceptional Children

	Registration Window	Registration Fee
<input type="checkbox"/> Tuesday Preconference (Nov. 19)	April 2 – November 19, 2019	\$0

What is your leadership role within your school district or region? \_\_\_\_\_

What is your school district or region? \_\_\_\_\_

## Single Day Options

	Registration Window	Registration Fee
<input type="checkbox"/> Wednesday (Nov. 20)	April 2 – November 20, 2019	\$200
<input type="checkbox"/> Thursday (Nov. 21)	April 2 – November 21, 2019	\$200
<input type="checkbox"/> Friday (Nov. 22)	April 2 – November 22, 2019	\$150

## Pre-Order OCALICON Merch

	Pre-Order Window	Cost
<input type="checkbox"/> Sports Gray OCALICON 2019 T-Shirt Choose One: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL	April 2 - October 15, 2019	\$20
<input type="checkbox"/> Stainless steel travel mug	April 2 - October 15, 2019	\$15

## PAYMENT INFORMATION

Check      Check #: \_\_\_\_\_

**Make checks payable to the ESC of Central Ohio.  
Returned checks will be assessed a \$50.00 fee.**

Credit Card         

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

Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purchase Order      PO #: \_\_\_\_\_

**Please complete the below for your Accounts Payable or equivalent.  
All fields must be completed to process registration.**

Organization Name: \_\_\_\_\_ Accounts Payable Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Accounts Payable 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 2019 Registration** | 470 Glenmont Ave. | Columbus, OH 43214  
Email - events@ocali.org | Fax - (614) 262-1070