

REGISTRATION FORM – Spring 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 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 registration@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 (support@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. 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. 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 – Spring 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"/> Spring Special	April 2 – May 31, 2019	\$225
<input type="checkbox"/> Early Bird Special	June 1 – July 31, 2019	\$275
<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.

Special 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 role within your school district or region?

- Special Education Director or designated leader SST Director or designated leader

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

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

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 14, 2019	\$20
<input type="checkbox"/> Stainless steel travel mug	April 2 - October 14, 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 #: _____

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

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
Fax - (614) 262-1070