

# 2024 Conference Registration

Please select all that apply:

## Registration Type:

Please note that rates increase on February 9, 2024. The registration deadline is 5:00 p.m., March 1, 2024.

### Parent/Caregiver/Teacher:

\$125 (\$150 after 2/9)

### Autistic Adult/Individual with Autism:

\$100 (\$125 after 2/9)

### Professional:

\$175 (\$200 after 2/9)

## Invoices and Purchase Orders:

Check the box if you are paying by purchase order or require an invoice.

## Food Preference:

- Vegetarian meal  
 Non-vegetarian meal  
 Special diet/food allergy

If you checked food allergy, please indicate the allergy(ies) below:

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## Interpretation?

Check the box if you need simultaneous Spanish interpretation during the sessions.

**Total:** \$ \_\_\_\_\_  
*Payment due with application*

Name (first, last): \_\_\_\_\_

Email (required): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone (c): \_\_\_\_\_ Phone (h): \_\_\_\_\_

Employer (optional): \_\_\_\_\_

## Payment Type

### Check *(make checks payable to ASNC)*

Check Number: \_\_\_\_\_

### Credit Card

MasterCard  American Express  Visa  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

Signature: \_\_\_\_\_

### Mail registration form and payment to:

Autism Society of North Carolina  
2024 Conference Registration  
5121 Kingdom Way, Suite 100  
Raleigh, NC 27607  
Fax: 919-882-8661

**School/organization purchase order instructions:** To reserve your spot and be invoiced, complete this form and forward to your school or district accounting department. They can then forward a purchase-order request or check to the above address.

**Innovations Waiver instructions:** Medicaid Innovations Waiver recipients and their natural supports system (family, caregivers, etc.) are eligible for funding assistance to attend the conference via the waiver. To receive this funding, complete this form and contact your care coordinator at your managed care organization (MCO) and let them know that you wish to use Natural Supports Education funds for your conference expenses.

The MCO care coordinator or accounting department will then forward a purchase-order request or check to the address indicated above.

**Questions?** Contact David Laxton at 919-865-5063, or [dlaxton@autismsociety-nc.org](mailto:dlaxton@autismsociety-nc.org).