

REGISTRATION FORM

symposium.autism.net

10% off registration fees for groups of 10 or more

FOR OFFICE USE ONLY

ID: _____

Date: _____

Notes: _____

Please type or print clearly. Complete one form per delegate.

First Name: _____ Surname: _____ Affiliation: _____

Email: _____ Address: _____

City: _____ Province/State: _____ Country: _____ Postal/Zip Code: _____

Telephone: () _____ Fax: () _____ (For telephone and fax #, Please include area codes.)

Geneva Centre for Autism respects your privacy. We protect your personal information and adhere to all legislative privacy requirements. We do not rent, sell, or trade our mailing list. The information you provide will be used to keep you informed about our activities including programs, services, special events and fundraising activities. If at any time you wish to stop receiving information, simply contact us at 416-322-7877 or via email at info@autism.net

Parent of child with ASD (Parent Rate Applies) Individual with ASD (Parent Rate Applies) Student/ Sibling (Parent Rate Applies) Professional (Professional Rate Applies)

Physician/Psychologist/Resident/Nurse Practitioner Assoc# _____ BCBA Certification # _____ (Physician/Association Number required) (BCBA Certification Number required)

Join Our Mailing List

Yes, I give my consent to receive newsletters from Geneva Centre for Autism

No, I don't need to receive newsletters from Geneva Centre for Autism

How did you hear about us?

Word of mouth Employer Through Geneva Centre for Autism Webiste/Search Engine

Magazine Ad Email/Newsletter Family or Friend Health Care Professional

Social Media Other Conferences Other Websites Other

* You are required to register for one day, two days or the full symposium.
* Registration for individual sessions is not required.

Early Bird* Prior to and including June 30, 2018	Regular Fee* July 1 – October 21, 2018 inclusive
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FULL SYMPOSIUM (THREE-DAY) – PLEASE INDICATE WHICH PRE-SYMPOSIUM YOU ARE ATTENDING:

<input checked="" type="checkbox"/> Wednesday, October 24, 2018	Parent/ Individual with ASD/ Student/ Sibling	\$475	\$575
<input checked="" type="checkbox"/> Thursday, October 25, 2018	Professional/ Physician/ Psychologist/BCBA	\$680	\$790
<input checked="" type="checkbox"/> Friday, October 26, 2018			TOTAL FEE: \$

TWO DAY REGISTRATION – PLEASE INDICATE WHICH DAYS YOU ARE ATTENDING:

<input type="checkbox"/> Wednesday, October 24, 2018	Parent/ Individual with ASD/ Student/ Sibling	\$350	\$450
<input type="checkbox"/> Thursday, October 25, 2018	Professional/ Physician/ Psychologist/BCBA	\$560	\$660
<input type="checkbox"/> Friday, October 26, 2018			TOTAL FEE: \$

ONE DAY REGISTRATION – PLEASE INDICATE WHICH DAY YOU ARE ATTENDING:

<input type="checkbox"/> Wednesday, October 24, 2018	Parent/ Individual with ASD/ Student/ Sibling	\$200	\$210
<input type="checkbox"/> Thursday, October 25, 2018	Professional/ Physician/ Psychologist/BCBA	\$360	\$460
<input type="checkbox"/> Friday, October 26, 2018			TOTAL FEE: \$

Add \$50.00 Administration fee if register after October 21, 2018 \$50

TOTAL: \$

Physician/Psychologist/Resident/Nurse Practitioner ONLY:

I will attend the Thursday physician session I will attend the Thursday concurrent sessions

PAYMENT: NOTE: ONLY FORMS ACCOMPANIED BY PAYMENT WILL BE PROCESSED. All Fees are in Canadian Dollars

Cheque / Money Order
All cheques and money orders made payable to Geneva Centre for Autism Foundation

VISA MasterCard

Cardholder Name: _____

Card Number: _____

Expiry Date (MM/YY): _____

Cardholder Signature: _____

Mail completed form with proper payment to: GCA Symposium 2018, 112 Merton Street, Toronto, Ontario, Canada, M4S 2Z8
Only credit card payments may be faxed. Please Fax or Mail your registration form. **DO NOT DO BOTH.**

For registration and/or information, please contact 416 322 7877 ext. 516 or symposium@autism.net.