

REGISTRATION FORM

symposium.autism.net

10% off registration fees for
group 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 Assoc# _____ (Physician/Association Number required) BCBA Certification # _____ (BCBA Certification Number required)

* Early Bird: Prior to and including September 16, 2016
* Regular: September 17, 2016 to November 18, 2016 inclusive

Early Bird*

Regular Fee*

FULL SYMPOSIUM (THREE-DAY) – PLEASE INDICATE WHICH PRE-SYMPOSIUM YOU ARE ATTENDING:

<input checked="" type="checkbox"/> Wednesday, November 30, 2016	Parent/ Individual with ASD/ Student/ Sibling	\$475	\$575
<input checked="" type="checkbox"/> Thursday, December 1, 2016	Professional/Physician/ Psychologist/BCBA	\$680	\$790
<input checked="" type="checkbox"/> Friday, December 2, 2016			TOTAL FEE: \$

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

<input type="checkbox"/> Wednesday, November 30, 2016	Parent/ Individual with ASD/ Student/ Sibling	\$350	\$450
<input type="checkbox"/> Thursday, December 1, 2016	Professional/Physician/ Psychologist/BCBA	\$560	\$660
<input type="checkbox"/> Friday, December 2, 2016			TOTAL FEE: \$

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

<input type="checkbox"/> Wednesday, November 30, 2016	Parent/ Individual with ASD/ Student/ Sibling	\$200	\$210
<input type="checkbox"/> Thursday, December 1, 2016	Professional/Physician/ Psychologist/BCBA	\$360	\$460
<input type="checkbox"/> Friday, December 2, 2016			TOTAL FEE: \$

Add \$50.00 Administration fee if register after November 18, 2016 \$50

TOTAL: \$

CONCURRENT SESSION SELECTION

<input type="checkbox"/> Wed Nov 30, 9:15am <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<input type="checkbox"/> Thur Dec 1, 10:30am <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 <input type="checkbox"/> #11 <input type="checkbox"/> #27
<input type="checkbox"/> Wed Nov 30, 1:00pm <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6/7	<input type="checkbox"/> Thur Dec 1, 1:30pm <input type="checkbox"/> #12 (Physician Session) <input type="checkbox"/> #13 <input type="checkbox"/> #14 <input type="checkbox"/> #15 <input type="checkbox"/> #16
<input type="checkbox"/> Fri Dec 2, 10:30am <input type="checkbox"/> #21 <input type="checkbox"/> #22 <input type="checkbox"/> #23	<input type="checkbox"/> Thur Dec 1, 3:30pm <input type="checkbox"/> #17 <input type="checkbox"/> #18 <input type="checkbox"/> #19
	<input type="checkbox"/> Fri Dec 2, 1:00pm <input type="checkbox"/> #24 <input type="checkbox"/> #25

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

Cardholder Name: _____

Cardholder Signature: _____

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

Card Number: _____

VISA MasterCard American Express

Expiry Date (MM/YY): _____

Mail completed form with proper payment to: GCA Symposium 2016, 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