

# MILESTONES NATIONAL AUTISM CONFERENCE

JUNE 11-12, 2019 • 8:00 a.m.-4:15 p.m. • CLEVELAND I-X CENTER

## Registration Form for **SCHOOL TEAM PROFESSIONALS**

(Employees of PreK-12 Public, Private, or Religious Schools)

**REGISTER  
EARLY &  
SAVE!**

One form per person. Deadline to submit hard copy form: **May 31, 2019.**

Online registration available at **milestones.org** any time through **June 12, 2019.** Walk-in registration available.

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer/Group Name \_\_\_\_\_ Number in Group \_\_\_\_\_  
Employer Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ (Each registrant must have a unique email address.)

Have you attended a Milestones conference in the past? ☐ Yes ☐ No

Milestones is committed to meeting the diverse needs of the autism community. Please help us by completing the following (optional):

Gender Identity \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

### **I AM** (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Aide, Paraprofessional, Tutor | <input type="checkbox"/> Principal                     | <input type="checkbox"/> School Psychologist                               |
| <input type="checkbox"/> Director of Pupil Services    | <input type="checkbox"/> School Guidance Counselor     | <input type="checkbox"/> School Social Worker                              |
| <input type="checkbox"/> General Education Teacher     | <input type="checkbox"/> School Nurse                  | <input type="checkbox"/> School Speech-Language Pathologist                |
| <input type="checkbox"/> Individual with ASD           | <input type="checkbox"/> School Occupational Therapist | <input type="checkbox"/> Special Education Teacher/Intervention Specialist |
| <input type="checkbox"/> Parent or Relative: _____     | <input type="checkbox"/> School Parent Mentor          | <input type="checkbox"/> Transition Coordinator                            |
|  | <input type="checkbox"/> School Physical Therapist     | <input type="checkbox"/> Other: _____                                      |

### **PROFESSIONAL DEVELOPMENT CREDITS** (pending)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> BACB                    | <input type="checkbox"/> Education                   | <input type="checkbox"/> Social Work                        |
| <input type="checkbox"/> Counseling              | <input type="checkbox"/> Marriage and Family Therapy | <input type="checkbox"/> Speech-Language Pathology ASHA     |
| <input type="checkbox"/> Early Childhood         | <input type="checkbox"/> Occupational Therapy        | <input type="checkbox"/> Speech-Language Pathology Non-ASHA |
| <input type="checkbox"/> Early Intervention (DD) | <input type="checkbox"/> Psychology                  | <input type="checkbox"/> I do not need PD credits           |

**What professional associations are you a member of?** \_\_\_\_\_

### **HOW DID YOU HEAR ABOUT THIS CONFERENCE?**

- |  |  |
|--|--|
| <input type="checkbox"/> Milestones Email            | <input type="checkbox"/> Flyer Posted Around Town: _____ |
| <input type="checkbox"/> Milestones Postcard in Mail | <input type="checkbox"/> Community Event: _____          |
| <input type="checkbox"/> Friend/Family               | <input type="checkbox"/> Email From: _____               |
| <input type="checkbox"/> Workplace                   | <input type="checkbox"/> Other Website: _____            |
| <input type="checkbox"/> Milestones.org              | <input type="checkbox"/> Newspaper: _____                |
| <input type="checkbox"/> Social Media                | <input type="checkbox"/> School/Doctor/Therapist: _____  |
| <input type="checkbox"/> TV/Radio                    | <input type="checkbox"/> Professional Association: _____ |

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**Scholarships are available so all can access this learning opportunity.**  
**Contact us for an easy to complete application.**

**register@milestones.org | 216.464.7600 | milestones.org**



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## Registration Form for **SCHOOL TEAM PROFESSIONALS**

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**All registration rates include FREE parking, breakfast, lunch, snacks and all-day beverages!**

**REGISTER EARLY AND SAVE!**

REGISTRATION CATEGORY	Winter Special (12/7/18 to 2/28/19)	Spring Special (3/1/19 to 5/14/19)	Summer Special (5/15/19 to 6/12/19)
SCHOOL TEAM MEMBER 1 DAY	\$240	\$250	\$265
SCHOOL TEAM MEMBER 2 DAYS	\$290	\$300	\$315
SCHOOL TEAM GROUP 2 DAYS (5+ professionals registering for 2 days with one payment at the same time)	\$275	\$285	\$300

Each fee listed is per person. Professional Contact Hours included.

### IF REGISTERING FOR 1 DAY, PLEASE INDICATE THE DAY YOU WILL ATTEND:

☐ Tuesday, June 11, 2019    ☐ Wednesday, June 12, 2019

### LET US KNOW IF YOU HAVE ANY DIETARY RESTRICTIONS FOR CONFERENCE MEALS:

☐ Dairy Free    ☐ Gluten Free    ☐ Vegan    ☐ Vegetarian

### MILESTONES EXCLUSIVE 2019 CONFERENCE T-SHIRT

SIZE (Adult Sizes)	S	M	L	XL	XXL
QUANTITY					

Total (\$20 Each) \$ \_\_\_\_\_

### PAYMENT INFORMATION

☐ **Check** (Made out to Milestones Autism Resources)

☐ **Purchase Order** (Attach original)

☐ **Credit Card**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip \_\_\_\_\_

**TOTAL: \$** \_\_\_\_\_

**Registration must be postmarked on or before the last day of the special to qualify for that rate.**

**Conference Changes/Cancellation Policy:** Cancellations will be accepted in writing until May 31, 2019 and a refund will be granted minus 30% of registration fees. A substitute may attend in your place.

### RETURN REGISTRATION BY MAIL, FAX OR EMAIL:

Milestones Autism Resources  
4853 Galaxy Parkway, Suite A  
Warrensville Heights, OH 44128

Fax: 216.464.7602  
Email: [register@milestones.org](mailto:register@milestones.org)

VIP Code (if applicable)

\_\_\_\_\_

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