

# MILESTONES NATIONAL AUTISM CONFERENCE

★ June 14-15, 2018 • 8:00 a.m.-4:00 p.m. • Cleveland I-X Center ★

## Registration Form for **PROFESSIONALS**

**REGISTER  
EARLY &  
SAVE!**

One form per person. Deadline to submit hard copy form: **June 4, 2018.**

Online registration available at **milestones.org** any time through **June 15, 2018.** 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 \_\_\_\_\_

*(Email will not be shared. Each registrant must have a unique email address.)*

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Administrator, Director                 | <input type="checkbox"/> Individual with ASD       | <input type="checkbox"/> Psychologist                |
| <input type="checkbox"/> Adult Services Provider                 | <input type="checkbox"/> Nurse                     | <input type="checkbox"/> Social Worker, Counselor    |
| <input type="checkbox"/> Aide                                    | <input type="checkbox"/> Occupational Therapist    | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Behavior Therapist, Consultant          | <input type="checkbox"/> Parent or Relative: _____ | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> DD, Support Administrator, Case Manager | <input type="checkbox"/> Physical Therapist        |  |
|  | <input type="checkbox"/> Physician, PA             |  |

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

- |                                     |  |   |  |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> BACB       | <input type="checkbox"/> Developmental Disabilities  | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech-Language Pathology |
| <input type="checkbox"/> CME        | <input type="checkbox"/> Early Intervention (DD)     | <input type="checkbox"/> Physical Therapy     |  |
| <input type="checkbox"/> CRC        | <input type="checkbox"/> Education                   | <input type="checkbox"/> Psychology           |  |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Marriage and Family Therapy | <input type="checkbox"/> Social Work          |  |

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

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

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

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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 **PROFESSIONALS**

*New!* All registration rates include **FREE** parking, breakfast, lunch, snacks and all-day beverages!  
**REGISTER EARLY AND SAVE!**

Registration Category	Winter Special (12/1/17-2/28/18)	Spring Special (3/1/18-5/14/18)	Summer Special (5/15/18-6/15/18)
PROFESSIONALS 1 DAY	\$275	\$285	\$300
PROFESSIONALS 2 DAYS	\$325	\$335	\$350
PROFESSIONALS GROUP 2 DAYS <small>(5+ professionals registering with one payment at the same time)</small>	\$310	\$320	\$335

CEUs included.

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

☐ Thursday, June 14, 2018    ☐ Friday, June 15, 2018

Please let us know if you have any dietary restrictions for conference meals:

☐ Dairy Free    ☐ Gluten Free    ☐ Vegan    ☐ Vegetarian

### 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, 2018 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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