

# MILESTONES NATIONAL AUTISM CONFERENCE

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

Registration Form for **FAMILY MEMBER, INDIVIDUAL with ASD & FULL-TIME STUDENT**

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

Online registration available at [milestones.org](http://milestones.org) any time through **June 12, 2019.** Walk-in registration available.

**REGISTER  
EARLY &  
SAVE!**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Employer/School Name \_\_\_\_\_ Title \_\_\_\_\_

Employer/School Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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)

- ☐ Individual with ASD ☐ Parent of Individual with ASD  
☐ Full-Time Student\* ☐ Other Relative of Individual with ASD: \_\_\_\_\_

\*Upon registering, email enrollment certificate, transcript, or registrar letter to [register@milestones.org](mailto:register@milestones.org)

## HOW DID YOU HEAR ABOUT THIS CONFERENCE?

- ☐ Milestones Email ☐ Workplace ☐ Social Media  
☐ Milestones Postcard in Mail ☐ Milestones.org ☐ TV/Radio  
☐ Friend/Family  
☐ Flyer Posted Around Town: \_\_\_\_\_  
☐ Community Event: \_\_\_\_\_  
☐ Email From: \_\_\_\_\_  
☐ Other Website: \_\_\_\_\_  
☐ Newspaper: \_\_\_\_\_  
☐ School/Doctor/Therapist: \_\_\_\_\_  
☐ 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](mailto:register@milestones.org) | 216.464.7600 | [milestones.org](http://milestones.org)**



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Registration Form for **FAMILY MEMBERS, INDIVIDUALS with ASD & FULL-TIME STUDENTS**

**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)
FAMILY MEMBER 1 DAY	\$100	\$110	\$125
FAMILY MEMBER 2 DAYS	\$150	\$160	\$175

Each fee listed is per person. CEUs are NOT included.

Registration Category	Year-Long Special
INDIVIDUAL WITH ASD 1 OR 2 DAYS	\$50
FULL-TIME STUDENT 1 OR 2 DAYS	(12/7/18-6/12/19)

All students must submit proof of Spring 2019 full-time enrollment with registration. CEUs are NOT 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

VIP Code (if applicable)  
\_\_\_\_\_

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