

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. 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)

- | | | |
|--|--|--|
| <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 | |

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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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

VIP Code (if applicable)

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