

# 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)

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/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)

Aide, Paraprofessional, Tutor  
 Director of Pupil Services  
 General Education Teacher  
 Individual with ASD  
 Parent or Relative: \_\_\_\_\_

Principal  
 School Guidance Counselor  
 School Nurse  
 School Occupational Therapist  
 School Parent Mentor  
 School Physical Therapist

School Psychologist  
 School Social Worker  
 School Speech-Language Pathologist  
 Special Education Teacher/Intervention Specialist  
 Transition Coordinator  
 Other: \_\_\_\_\_

### PROFESSIONAL DEVELOPMENT CREDITS (pending)

BACB  
 Counseling  
 Early Childhood  
 Early Intervention (DD)

Education  
 Marriage and Family Therapy  
 Occupational Therapy  
 Psychology

Social Work  
 Speech-Language Pathology ASHA  
 Speech-Language Pathology Non-ASHA

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

### HOW DID YOU HEAR ABOUT THIS CONFERENCE?

Milestones Email  
 Milestones Postcard in Mail  
 Friend/Family  
 Workplace  
 Milestones.org  
 Social Media  
 TV/Radio

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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**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

### 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

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

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

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

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

**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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