



**“Autism Through the Lifespan” - Conference 2007
Edmonton AB - Coast Edmonton Plaza - October 26-27, 2007**

REGISTRATION FORM

First Name: _____ Family Name: _____ _Dr. _Mrs. _Mr. _Prof. _Ms.

Institution/Organization: _____

Mailing Address: _____

City: _____ Prov./State: _____ Postal/Zip: _____

Phone: _____ Fax: _____ Email: _____

Additional Names: _____

Registration Fees - Please see conference website (below) for full conference details

	Registration	Number Attending	Total CDN Funds
Professional	\$359.00	_____	\$ _____
Parent	\$259.00	_____	\$ _____
Professional – Oct 26 only	\$239.00	_____	\$ _____
Parent – Oct 26 only	\$209.00	_____	\$ _____
Professional – Oct 27 only	\$239.00	_____	\$ _____
Parent – Oct 27 only	\$209.00	_____	\$ _____
	Registration Fees		\$ _____
	Add GST at 6%		\$ _____
	GST # 10079 1979 RT0001		
	Total Enclosed		\$ _____

Method of Payment - () Visa () MasterCard () American Express () Cheque () Purchase Order [_____]

Credit Card Number: _____ Expiry: _____

Cardholder's Name: _____ Cardholder's Signature: _____

Please submit this form with your payment made out to:

Autism Today

2016 Sherwood Dr Suite 3
Sherwood Park, Alberta, T8A 3X3
Tel: (780) 482-1555
Fax: (780) 452-1098
Email: info@autismtoday.com

Toll Free Tel: 1-866-928-8476
Website: www.autismtoday.com

Conference Website: www.autismtoday.com/keyedmonton2007.htm

CANCELLATION POLICY: Refunds of conference registration fees paid, less a \$50.00 CDN administration fee, will be granted until September 26, 2007 (30 days prior to the conference).

NO REFUNDS WILL BE ISSUED AFTER THIS DATE or made for non-attendance at the conference.