



2019 Annual Conference Registration Form

Submit one form per registrant.

First Name		Last Name		Suffix	
Job Title		Affiliation			
Street	City	State	Zip	*Please check <input type="checkbox"/> home address <input type="checkbox"/> work address	
Daytime Phone		*Email Address (listing your email allows the organization to confirm your registration)			
Food Allergies? Please list here.					

2019 Annual Conference Registration Fees (Fees include attendance, continental breakfast, lunch, snack breaks, and all registration materials. ****CA partners, DBHDS staff, CSB staff, REACH staff or staff at a company that provides licensed residential and licensed day support, please contact Mary Crawford - mary.crawford@cahumanservices.org for a 20% discount before sending in form and payment. You MUST have a valid organizational email address. Organizations wishing to register multiple staff members using a Purchase Order must contact MARY CRAWFORD (MARY.CRAWFORD@CAHUMAN SERVICES.ORG) to receive a Conference Code for each registrant to use when registering online.****

Full 2-day Conference On or before February 21, 2019	Full 2-day Conference After February 21, 2019	Individual Day Registration On or before February 21, 2019	Individual Day Registration After February 21, 2019
\$270	\$320	\$200	\$215

Payment Information:

Registration Total \$ _____

QR: Register online via credit card by going to <https://cahumanservices.org/establishing-change/2019annualconference/>

Make checks payable to:

CA, ATTN: Conference Registration, 4108 E. Parham Rd. Richmond, VA 23228.

*****Payment must accompany the registration form.*****

Check # _____ Purchase Order # _____ Visa Master Card AMX Discover

Card Number _____ Name on Card _____ Expiration Date _____

Signature (required for credit card)

There may be photography or video recording at the conference. By entering the event premises you give us consent to use/publish your photograph or video recording. If you do not want to be photographed or videotaped, please notify the individuals capturing the information.

Breakout Sessions: Check (✓) your first choice for each session. (Planning purposes only). See session titles attached. * Denotes BCBA CEU session.

Wednesday, March 6th, 2019:

11:00am – 12:15pm	<input type="checkbox"/> 1A.	<input type="checkbox"/> 2A.	<input type="checkbox"/> 3A.*
1:15pm – 2:30pm	<input type="checkbox"/> 1B.	<input type="checkbox"/> 2B.	<input type="checkbox"/> 3B.*
2:45pm – 4:00pm	<input type="checkbox"/> 1C.	<input type="checkbox"/> 2C.	<input type="checkbox"/> 3C.*

Thursday, March 7th, 2019:

9:15am – 10:30 am	<input type="checkbox"/> 1D.	<input type="checkbox"/> 2D.	<input type="checkbox"/> 3D.*
10:45am – 12:00pm	<input type="checkbox"/> 1E.	<input type="checkbox"/> 2E.	<input type="checkbox"/> 3E.*
1:00pm – 2:15pm	<input type="checkbox"/> 1F.	<input type="checkbox"/> 2F.	<input type="checkbox"/> 3F.*

Please check all that apply: I am attending:

Both Days Wednesday, March 6, 2019 Thursday, March 7, 2019 Network Reception (Wednesday at 4:15 - free event)

I am a BCBA and I am interested in receiving CEs at the conference (*payment for CE credits is separate*)

What is your primary role?

Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> BCBA/BCaBA | <input type="checkbox"/> School Administrator |
| <input type="checkbox"/> General Ed. Teacher | <input type="checkbox"/> Special Ed. Teacher |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Speech/OT/PT |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Vendor |
| <input type="checkbox"/> Autism Action Group (AAG) Participant | |
| (List AAG) _____ | |
| <input type="checkbox"/> Other _____ | |

How did you find out about the conference?

Check all that apply.

- | |
|---|
| <input type="checkbox"/> Doctor's Office |
| <input type="checkbox"/> Email |
| <input type="checkbox"/> Related Service Provider |
| <input type="checkbox"/> School |
| <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Website |
| <input type="checkbox"/> Other _____ |

Please list any accommodations needed:

-

-

Please return this form and payment to:

CA

Attn: Conference Registration

4108 E. Parham Road

Richmond, VA 23228