

16th Annual Autism Conference Registration

The Westin Seattle; Seattle, Washington

Preconference Workshops: March 5, 2022

Conference: March 6-March 7, 2022

Contact Information

SALUTATION (required):

Dr. Prof. Ms. Mrs. Mr. Mx.

FIRST NAME (required)

PREFERRED FIRST NAME (NICKNAME)

MIDDLE NAME

LAST NAME (required)

SECOND LAST NAME

WORK TELEPHONE

HOME TELEPHONE

MOBILE TELEPHONE

Workshop #1 With CE

TBD

Workshop #2 With CE

TBD

Membership Renewal for 2021–2022

All event registrants, including students, must be members for the 2021–2022 membership year (9/1/2021–8/31/2022) to receive member rates. Not sure you have renewed for the 2021–2022 membership year? **Check here and we will renew your membership and charge your credit card:**
Receive electronic IBA and journals only

MAILING ADDRESS (required):

STREET 1

STREET 2

CITY

STATE/PROVINCE

POSTAL/ZIP CODE

COUNTRY

EMAIL (required)

AFFILIATION (required; appears on name badge)

Continuing Education (CE) Package

ABAI offers credit for all qualifying autism conference events for a flat fee of just \$70 for members and \$80 for nonmembers. Once payment and other requirements are met, your certificate of attendance will be posted automatically to your portal account.

Check here to add the CE package to your transaction:

Accessibility

ABAI is committed to providing a welcoming, accessible environment for all attendees. If you require an accommodation for a disability, please contact us at accessibility@abainternational.org.

Emergency Contact Information

Please provide contact information in case of an emergency while on site.

NAME

PHONE NUMBER

RELATIONSHIP

Cancellation Policy

Registration cancellations for the 2022 Autism Conference received by midnight (EST) December 1, 2021, will be subject to a 10% fee. Cancellations received by midnight (EST) February 1, 2022, will be subject to a 25% fee. Cancellations received by midnight (EST) February 26, 2022, will be subject to a 50% fee. Cancellations received on or after February 27, 2022, will not be eligible for a refund, but registration may be transferred to another member.

SABA Unrestricted Fund Contribution:

15TH ANNUAL AUTISM CONFERENCE REGISTRATION FEES				
Please select the appropriate rate:	By 12/1/21	12/2/21–2/26/22	2/27/22–3/2/22	On-site
Workshop #1 OR Workshop #2	\$95	\$95	\$95	\$95
Workshops #1 and #2	\$165	\$165	\$165	\$165
2021 ABAI Student Member	\$199	\$236	\$280	\$295
2021 ABAI Member	\$359	\$409	\$449	\$499
Nonmember	\$590	\$630	\$670	\$700

TOTAL PAYMENTS ENCLOSED	
Conference Registration	\$ _____
Continuing Education Package	\$ _____
Workshop Registration(s)	\$ _____
SABA Donations	\$ _____
TOTAL	\$ _____

Payment

Overpayments and discounts not taken will be considered donations to ABAI unless a request for a refund is made in writing to the ABAI office. Full payment must be received in the ABAI office before services will be granted. Payment may be made by check, credit card, or money order and must be made in U.S. dollars. Returned checks will be subject to a \$35 fee.

Please make checks payable to ABAI or charge your card with the following information:

Am.Ex. MasterCard Visa Discover

CARD NUMBER

EXPIRATION DATE

SECURITY CODE

NAME ON CARD

SIGNATURE



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Additional registrant information for groups

Registrant Information

TITLE (required): Dr. Prof. Ms. Mrs. Mr. Mx.

NAME: _____
FIRST MIDDLE LAST(S)

EMAIL: _____

AFFILIATION: _____

Registration Fee.....

Workshop Registration Fee.....

CE Fee.....

Membership Fee/Type.....

REGISTRANT TOTAL.....

Please Include Membership Renewal for 2021–2022

Registrant Information

TITLE (required): Dr. Prof. Ms. Mrs. Mr. Mx.

NAME: _____
FIRST MIDDLE LAST(S)

EMAIL: _____

AFFILIATION: _____

Registration Fee.....

Workshop Registration Fee.....

CE Fee.....

Membership Fee/Type.....

REGISTRANT TOTAL.....

Please Include Membership Renewal for 2021–2022

Registrant Information

TITLE (required): Dr. Prof. Ms. Mrs. Mr. Mx.

NAME: _____
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EMAIL: _____

AFFILIATION: _____

Registration Fee.....

Workshop Registration Fee.....

CE Fee.....

Membership Fee/Type.....

REGISTRANT TOTAL.....

Please Include Membership Renewal for 2021–2022

Registrant Information

TITLE (required): Dr. Prof. Ms. Mrs. Mr. Mx.

NAME: _____
FIRST MIDDLE LAST(S)

EMAIL: _____

AFFILIATION: _____

Registration Fee.....

Workshop Registration Fee.....

CE Fee.....

Membership Fee/Type.....

REGISTRANT TOTAL.....

Please Include Membership Renewal for 2021–2022