

**Registration Information** (Please copy form and send in separate application for each registrant.)

Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Register online at ahany.org. Mail-in registration must be postmarked by March 25, 2017.**

- \$150 AHA member/Not-For-Profit
- \$190 Non-AHA member (includes one-year membership.)
- \$75 Student
- \$75 Individual with ASD
- \$75 Adelphi faculty
- \$175 AHA member professional (ASHA/SW)\*
- \$215 Non-AHA member professional (ASHA/SW)\*

\*Includes fees for CEA and CEUs credits

ASHA No. \_\_\_\_\_ SW \_\_\_\_\_

Students and Adelphi faculty must include a copy of current ID with registration, or mail in if registering online.  
**Membership Policy:** Membership in AHA is a family membership for those residing in the same household. Your membership must be current as of the date of this conference. If you are unsure, please contact our office by email at [conference@ahany.org](mailto:conference@ahany.org), or by phone at 888.918.9198. Your registration will not be processed with an incorrect fee.

**Refund Policy:** A \$25 processing fee will be applied to all refund requests. No refunds after March 28, 2017.

**Confirmation Policy:** Online registrations automatically receive confirmation. If registering by mail or if further information is required, email [conference@ahany.org](mailto:conference@ahany.org).

**Cancellation Policy:** In the instance of event cancellation, all registrants will be fully reimbursed.

**Dietary Requirements:** Lunch includes a variety of sandwiches and salads (including vegetarian and gluten-free options), fruit, cookies and a beverage. We cannot accommodate other dietary restrictions and there is no discount if you bring your own lunch.

**WALK-INS**

Walk-ins will be charged an additional \$25. (Lunch may not be available; Adelphi's UC Café is open in the Ruth S. Harley University Center.)

**REGISTER EARLY—SEATING IS LIMITED.**

**Check the Breakout Session you plan to attend. (Select one.)**

- 1. JUSTICE SYSTEM
- 2. ANXIETY
- 3. STRENGTH VS DEFICIT
- 4. HEALTH DISPARITY
- 5. ACT THERAPY

*Workshops are assigned as applications are processed. Some rooms have limited capacity.*

**Payment method, select one:**

- Check no. \_\_\_\_\_
- AMEX    Visa    MasterCard    Discover
- Card no. \_\_\_\_\_
- Expiration date \_\_\_\_/\_\_\_\_      Security code \_\_\_\_\_
- Signature \_\_\_\_\_

**Purchase orders accepted.**

**Make checks payable to AHA Association.**

**Fax 631.608.8920, or mail to:**

AHA Association  
P.O. Box 916  
Bethpage, NY 11714-0916

**SCHOLARSHIPS**

Partial scholarships are available at ahany.org or send a stamped, self-addressed envelope to the AHA Association's address, listed above, requesting the form. A registration form must accompany scholarship requests. Deadline for scholarship applications: March 20th.

**HOTEL ROOMS**

For information about local accommodations, visit [adelphi.edu/visitors/stay.php](http://adelphi.edu/visitors/stay.php).

**DIRECTIONS**

Participants can reach the conference via the Long Island Rail Road or car. For directions, visit [adelphi.edu/visitors/directions.php](http://adelphi.edu/visitors/directions.php).

**ENCLOSED**

Registration fee	\$ _____
Tax-deductible contribution**	\$ _____
Total included	\$ _____

\*\*Your tax-deductible contribution will be used to provide conference scholarships or to further the work of the Asperger Syndrome & High Functioning Autism Association, Inc.