

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

Name _____

Address _____ City/State/ZIP _____

Telephone _____ Email _____

Register online at ahany.org. Mail-in registration must be postmarked by October 14, 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 CEU 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**, 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 October 17, 2017.

Confirmation Policy: Online registrations automatically receive confirmation. If registering by mail or if further information is required, email **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. JOB READINESS
- 2. TWICE EX
- 3. NOW & FOREVER
- 4. SENSORY
- 5. EF

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 online 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 all scholarship requests. Deadline for scholarship applications is October 10.

HOTEL ROOMS

For information about local accommodations, visit **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**.

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.

8/17-16070