

# AUTISM VICTORIA 2005 STATE CONFERENCE OFFLINE REGISTRATION FORM

## INSTRUCTIONS

- Please complete **one form per person** registering. Several registration forms can be submitted with the one payment by photocopying this blank form, completing the details for each person, clipping the forms together and including payment details on the **first** form only. The person responsible for making this payment must keep a copy of the Tax Invoice for their records. Prior to the conference we will send registration confirmation to each registrant, including details of the Concurrent Sessions they have been allocated.
- \* **Discount Registration.** Autism Victoria has applied for government funding to enable discount fees to be offered to parents/carers, people with an ASD and full time students. If you are in any of these categories, you can apply for a discounted rate by submitting your registration, **without payment**, prior to 17<sup>th</sup> June 2005. Autism Victoria will invoice you for **either** the discounted registration fee or the appropriate Early Bird fee as soon as we know the outcome of our funding requests.

Name & Title .....

Organisation (if applicable) .....

**Attendee name tag details** (Please put your name, title and any other details you want shown on your conference name tag. If sharing a two day registration, please put both names, or write 'shared registration'.)

.....

Address (for all notices) .....

.....

Daytime phone contact .....

Email contact.....

**Profile** (please tick **all** categories that apply to the person on this registration form)

- |  |   |
|--|---|
| <input type="checkbox"/> Current Autism Victoria member  | <input type="checkbox"/> Full time student – name of institution .....                  |
| <input type="checkbox"/> Autism Victoria <b>membership renewal</b> included with this registration | <input type="checkbox"/> Shared Registration <sup>(#see note below)</sup>               |
| <input type="checkbox"/> Autism Victoria <b>new membership</b> included with this registration     | <input type="checkbox"/> Discount registration application <sup>(*see note above)</sup> |
| <input type="checkbox"/> Person with an Autism Spectrum Disorder                                   | <input type="checkbox"/> Parent/Primary Carer   |
|  | <input type="checkbox"/> Professional   |

## IMPORTANT NOTES

- An **Autism Victoria membership** must be current for 2005, and can be a family or agency. You can join Autism Victoria or renew your 2005 membership on this registration form.
- Only **two** full or **four** single day registrations per membership can be purchased at the member registration rate.
- Autism Victoria **Affiliate or Organisational Members** are able to purchase single day agency vouchers for their staff (cost is \$121.00). Only 100 agency vouchers are available for each day of the conference. To arrange agency vouchers a representative of your agency should telephone Carol at the Autism Victoria office on 9885 0533 – do not use this form.
- **Early Bird Rate.** To be eligible for the early bird rate, Autism Victoria must receive your registration with payment by close of business on **Friday 17<sup>th</sup> June** – mail, fax or online.
- **Register Early!** Autism Victoria strongly advises you to register early, as the venue has an absolute capacity of 400 attendees each day. Demand for places will be high and we will close bookings once we have reached this capacity. All registrations must be made in advance – registration on the day will not be possible
- **Registration fees include** refreshments, lunches, program, conference satchel and admission to the Conference Exhibition.
- **# Shared Registrations.** Individuals can share a two-day registration, however only one registration tag and conference package will be issued. To share a registration, please include both names on the registration form. If these are not yet known, write "Shared Registration". It is your responsibility to ensure that the Tuesday attendee forwards the program details and registration tag to the Wednesday attendee. The registration desk is unable to hold tags overnight for collection.
- **Cancellation** of your registration should be notified to the Autism Victoria office as soon as possible. A cancellation fee of 20% of the registration paid will apply to cancellations made after Friday 1<sup>st</sup> July.
- All registration fees are inclusive of GST. Please keep a copy of your registration form, which can be used as a **Tax Invoice.** **CONTACT AUTISM VICTORIA** – phone [03] 9885 0533 or go to [www.autismvictoria.org.au](http://www.autismvictoria.org.au)

**REGISTRATION & AUTISM VICTORIA MEMBERSHIP** – please tick appropriate box(es)

<b>Early Bird</b> (paid by 17 <sup>th</sup> June, 2005)			
<input type="checkbox"/> Two day (Autism Victoria member)	<b>\$280.50</b>	<input type="checkbox"/> Two day (non member)	<b>\$335.50</b> \$.....
<input type="checkbox"/> Single Day Registration	<b>\$159.50</b>	<input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	\$.....
<b>Standard</b> (paid from 18 <sup>th</sup> June, 2005)			
<input type="checkbox"/> Two day (Autism Victoria member)	<b>\$335.50</b>	<input type="checkbox"/> Two day (non member)	<b>\$390.50</b> \$.....
<input type="checkbox"/> Single Day Registration	<b>\$192.50</b>	<input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	\$.....
<b>Autism Victoria Membership</b> <b>\$ 38.50</b> for twelve months			
<input type="checkbox"/> Renewal of existing membership		<input type="checkbox"/> New membership	\$.....
<b>TOTAL AMOUNT PAID</b>			<b>\$.....</b>

**PAYMENT DETAILS**

Registration forms can be faxed to **[03] 9885 0508** (with credit card payment details) or posted to **Autism Victoria, PO Box 235, ASHBURTON VIC 3147**

**Autism Victoria Inc. (ABN 15 600 724 949) - Tax Invoice – Autism Victoria 2005 State Conference**

*This form will constitute a tax invoice once you have completed the total details. If applicable please retain a photocopy of the completed tax invoice for your own records to claim the appropriate GST.*

cheque     money order (payable to Autism Victoria)    **Name of payer** .....

Bankcard     Visa     MasterCard    \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/    **Expiry Date** \_\_\_\_/\_\_\_\_

**Name on card** ..... **Signature** .....

**SESSION SELECTION**

There are three concurrent sessions each day, with four choices in each. After examining the conference program, please mark your preferences from 1 to 4 for each of the Concurrent Sessions on the relevant day(s). This will help us allocate rooms, and facilitate movement around the venue. We will notify you of your allocations. Space restrictions will mean you may get a second or third choice.

**TUESDAY 19<sup>th</sup> JULY**

**WEDNESDAY 20<sup>th</sup> JULY**

**Concurrent One**

- Professor Rita Jordan
- Communication Technology
- Biological Directions Part 1
- Protecting their Interests

- Inclusive Curriculum
- Adapting School to suit Autism
- Mainstreaming – UK & Victoria
- Interventions - PECS & ABA

**Concurrent Two**

- Research Directions
- Sensory Integration
- Biological Directions Part2
- The Social World

- Supportive Environments
- The Irabina Approach
- Supports - Classroom & Community
- Early Childhood

**Concurrent Three**

- Living with Autism
- Augmentative Communication
- Real People in the Real World
- Going Outside the Square

- School & Families in Partnership
- Autism on the Web
- Starting Early
- Innovations

**SPECIAL REQUIREMENTS**

Please indicate if you have special requirements to help us with our planning

**Dietary** – please detail \_\_\_\_\_

**Mobility** – please detail \_\_\_\_\_

**Communication assistance** – the conference program will be in English. Please indicate if you have special audio/hearing requirements \_\_\_\_\_

**Retreat Room** – a quiet room will be available for delegates with an Autism Spectrum Disorder or other special needs. Please tick if you would like access to this room and indicate your specific needs \_\_\_\_\_