

MIDWEST SYMPOSIUM ON AUTISM & ASPERGER'S SYNDROME

November 11 – 13, 2010 Minneapolis, MN

Softel Minneapolis | 601 West 78th Street | Bloomington, MN 55439 | 952-835-1900

HOW TO REGISTER:

PHONE 800-839-4584 • 715-839-8055
8:00 am - 5:00 pm CT
Credit cards only

FAX 715-839-8680
Credit cards and purchase orders

MAIL HEALTH ED
P.O. Box 1075
Eau Claire, WI 54702-1075
Check, credit card, money order,
and purchase order

ON-LINE health-ed.com (*secure website*)
Credit cards only
Three Day Symposium only

Federal Tax ID 39-1779320

REGISTRATION POLICY

A completed registration form, payment, or purchase order hard copy is required at time of registration for **each** attendee. Use only one registration form per person. Please copy this form for multiple registrations. **Pre-Registration** rates apply only when registering with **payment in full before noon CT on November 10, 2010**. *Single day registration rates are **not available after noon CT on November 10, 2010**. Single day registration is available only by fax, mail, or phone. Day attending must be specified with registration.

ADA

Contact us a minimum of 6 weeks prior to the program for accommodations.

Receipt/Confirmation

Email your request to sfinazzo@health-ed.com.

Media Disclaimer

By registering for the symposium, you understand and agree that any photographs, videos or audio recordings taken of attendees during the course of the event, as well as written feedback, may be used to promote future HEALTH EDUCATION Network, LLC events, seminars, or HEALTH ED itself at our discretion.

1 To expedite the processing of your registration, please complete form in its entirety.

REGISTER ME FOR

THREE DAY SYMPOSIUM TUITION

- Professionals \$395 pre-registering, **deadline noon CT November 10, 2010**
 Professionals \$450 standard, **after noon CT November 10, 2010**
 Family/Caregivers \$280 pre-registering, **deadline noon CT November 10, 2010**
 Family/Caregivers \$300 standard, **after noon CT November 10, 2010**

SINGLE DAY SYMPOSIUM TUITION*

- November 11, 2010 \$100 pre-registering only, **deadline noon CT November 10, 2010**
 November 12, 2010 \$250 pre-registering only, **deadline noon CT November 10, 2010**
 November 13, 2010 \$100 pre-registering only, **deadline noon CT November 10, 2010**

For a list of what your tuition includes, please go to the Midwest Symposium link at www.health-ed.com.

2 Please print legibly. Please list name as you want it to appear in the roster.

My profession is: LPC MFT OT OTA PT PTA SW
 SLP Educator Nurse Psychologist Special Education Staff Family/Caregiver

Other _____ Position _____ VIP Code _____

Name _____ (First) _____ (Last)

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____

Email _____

Employer/Agency _____

Approving Manager Name/Title/Phone _____

3 Payment Information

Purchase order hard copy enclosed P/O# _____

Check enclosed made payable to HEALTH ED Ck. No. _____ Amt. Paid _____

Visa MC DC AE # _____ Exp. Date ____/____/____

Card Holder's Name _____ Card Security Code _____

Card Billing Address _____ City _____ State _____ Zip _____

Internal Use: F P

To view the Symposium cancellation policy, please go to the Midwest Symposium link at www.health-ed.com.

