

Conference Registration

Three Rivers Convention Center | Kennewick, WA | August 2-3, 2007

Registrant's Name

PARENT EDUCATOR OTHER

Second Registrant's Name

PARENT EDUCATOR OTHER

Organization/Company

Email

Address

City

State

Zip

Phone

 ()

Fax

 ()

Do you need any special dietary accommodations?

Registration Type:

Full Registration

1-Day only

Family (two adults)
Full registration

Family (two adults)
1-Day Only

EARLY BIRD
Before July 1

\$100

\$60

\$120

\$75

REGULAR
After July 1

\$120

\$75

\$150

\$100

Additional Family
Member/Guest

___ x \$50 ea.

- Lunch is included in the registration fee.
- Early-bird groups of 5 or more receive 20% discount.
- After July 1, groups of 5 or more receive a 10% discount.
- For information about scholarships, please contact The Neurological Resource Center at (509) 943-8455.

I/we are planning to attend the following Breakout Sessions:

		REGISTRANT 1	REGISTRANT 2	
TRACK 1	<input type="checkbox"/>	<input type="checkbox"/>		1:00pm - 2:35pm Applied Behavior Analysis for Children with Autism Spectrum Disorders <i>Sarah Haws, M.S.C.P.</i>
	<input type="checkbox"/>	<input type="checkbox"/>		2:35pm - 3:50pm Autism, Politics and Advocacy <i>Jeff Sell</i>
TRACK 2	<input type="checkbox"/>	<input type="checkbox"/>		1:00pm - 3:50pm Bridging the Gap between Home and School <i>Melinda Johnson, L.I.C.S.W., A.C.S.W.</i>
TRACK 3	<input type="checkbox"/>	<input type="checkbox"/>		1:00pm - 3:50pm Nutrition Therapy for Children with Autism Pt.1 <i>Elizabeth Strickland, M.S., R.D., L.D.</i>

Thursday, August 2

		REGISTRANT 1	REGISTRANT 2	
TRACK 1	<input type="checkbox"/>	<input type="checkbox"/>		1:00pm - 2:35pm Using Biochemical and Biomedical Models to Better Understand and Treat Autism <i>Allen Lewis, M.D.</i>
	<input type="checkbox"/>	<input type="checkbox"/>		2:35pm - 3:50pm Relationship Development Intervention (RDI) <i>Leah Reitz</i>
TRACK 2	<input type="checkbox"/>	<input type="checkbox"/>		1:00pm - 3:50pm Get a HANDLE® on Autism: A Systems Approach to Sensory Processing Challenges <i>Judith Bluestone</i>
TRACK 3	<input type="checkbox"/>	<input type="checkbox"/>		1:00pm - 3:50pm Nutrition Therapy for Children with Autism Pt.2 <i>Elizabeth Strickland, M.S., R.D., L.D.</i>

Friday, August 3

Please Note:

- Childcare for children of conference attendees is provided by The Arc of Tri-Cities at Vista Elementary. Space is limited. To make a reservation, return the Childcare Registration form on the back of this page to The Neurological Resource Center by July 25th. Donations are appreciated.
- If you require special accommodations, please contact The Neurological Resource Center at (509) 943-8455.
- Clock hours are available through local school districts.

Postmark registration form(s) by July 25, 2007 to:

The Neurological Resource Center
712 Swift Blvd., Suite 1
Richland, WA 99352

Make checks payable to:
The Neurological Resource Center

For more information, contact
The Neurological Resource Center at (509) 943-8455 or trnc@kadlecmed.org.

SEE REVERSE SIDE FOR CHILDCARE REGISTRATION

Childcare Registration

Vista Elementary | 1701 N. Young Street | Kennewick, WA

Space is limited! Childcare is provided on a first come/first serve basis. Childcare maximum is 34 children. The value of our childcare is priceless. Donations are appreciated. To allow individualized care for your children, please include this form with your registration by July 25.

Childcare will be at Vista Elementary, which is one mile from the Three Rivers Convention Center. Childcare is provided by The Arc of Tri-Cities; they will contact you prior to the conference to discuss your child's needs. Please share any details that will assist our staff in providing the best possible care of your child. **Note: If your child needs medication, you will be required to administer it.**

Each child is to bring their own lunch, drinks and snacks for the day. Items should be marked with child's name and time of day child typically eats. Snacks should be separate from their lunch and labeled accordingly.

Parent(s)/Guardian(s)

Email

Contact during conference
(in case of emergency)

Phone/Cell

Child's Name

Age

Child's Name

Age

Child's Name

Age

Child's Name

Age

- 1 Does your child have any medical issues such as a seizure disorder? Please explain.
- 2 In what level of staffing environment will your child be most successful?
- 3 Does your child have any allergies? List them here.
- 4 Does your child have personal care needs such as reminders, diaper changes, toilet assistance or eating assistance? Please explain. Be specific.
- 5 Does your child have sensitivities to certain textures, temperatures, sounds or movements? Please explain.
- 6 How does your child communicate best?
- 7 Does your child have problems with mobility?
- 8 What activities does your child enjoy? Dislike?
- 9 Additional comments / concerns: