

# Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Caregiver       Adult on Spectrum       Educator       Professional

**\$65** per person       **\$55** ASA / ASW Member

*Parking is available. A no host lunch will also be available.*



Autism Society of Washington  
Spokane Chapter  
P.O. Box 8414  
Spokane, WA 99203