

REGISTRATION FORM

**Boston Higashi School
Autism Forum
April 26, 2012**



Please complete registration information:

Please check one:

- Professional** **\$175.00**
- Parent** **\$155.00**
- Individual with ASD** **\$100.00**

***Fee includes continental breakfast and luncheon**

Organization Name: _____

Contact Name: _____ **Daytime Phone:** _____

Name on Badge: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Fax:** _____

Check # _____ **(Payable to Boston Higashi School)**

Purchase Order # _____ **(Enclosed)**

Credit Card _____ **(Visa, MasterCard, American Express)**

Cardholder Name _____

Credit Card Number _____

Expiration Date _____

Signature _____