

Membership Pays: \$ave on Registration!

Membership Type Individual/family School/business

Title First name Middle initial Last name Suffix

Organization name (if school or business)

Address

City State Zip

Daytime phone E-mail

Memberships are 100% tax-deductible. Please make checks payable to: **Autism New Jersey** or provide your credit card information on page 23. You also can join online at www.autismnj.org.

In addition to my enclosed dues, I would like to make a tax-deductible contribution of \$ _____

Total enclosed \$ _____

Mail completed form with payment to:
Autism New Jersey
PO Box 55120
Trenton, NJ 08638

Save money on your registration fees. Become a member today!

Membership Category

Individual/Family

- Basic \$40
- Silver \$75
- Gold \$150
- Full-Time Student \$20

Organization

- Agency \$500
- Corporate \$750

Donation

- \$ _____

For Individuals and Families:

Basic Membership (\$40)

- Subscription to quarterly, member-only newsletter about happenings in the NJ autism community
- One-time, written IEP review by staff specialists
- Discount on classified advertising
- Priority event registration, discounts and special offers, when available
- Committee Membership with fellow volunteers is open to members only
- Subscription to a monthly, member-only e-newsletter

Silver Membership (\$75)

- All of the Basic Membership benefits listed above, plus:
- Additional registration discount to Autism New Jersey's Annual Conference

Gold Membership (\$150)

- All of the Silver Membership benefits listed above, plus:
- Invitations to exclusive Gold member-only events, such as Saturday Gold Member luncheon

For Organizations:

Agency Membership* (\$500)

**Because of by-law restrictions, this category is only available to New Jersey schools, agencies and organizations.*

- Subscription to quarterly, member-only newsletter
- Annual Conference: Discount on exhibit space at Autism New Jersey's Annual Conference and discounted registration **for all of your staff members**
- Once yearly mailing to Autism New Jersey's members (approval and nominal fee apply; postage not included)
- Half price "Basic Membership" for agency staff. Your agency staff can become a "Basic Member" at the special rate of \$20
- Committee Membership with fellow volunteers is open to members only
- One-time welcome listing in member newsletter
- Highlighted link on website
- Subscription to a monthly, member-only e-newsletter

Corporate Membership (\$750) (for out-of-state organizations)

- All of the Agency Membership benefits listed above, plus:
- One-time, half-page ad in member newsletter, upon request

Autism New Jersey Annual Conference Registration Form

Deadline: September 25, 2010

Submit one form per registrant. Complete this Registration Form and the Workshop Selections form on page 24 if applicable.

Name _____

School/Program/Company (if applicable) _____

Use your school, program or company (not your home) address if registration is paid for by that organization.

Street _____ City _____ State _____ Zip _____

Telephone _____ E-mail* _____

*Note: listing your e-mail address allows Autism New Jersey to confirm your registration.

Registration Fees

Fees include attendance and all registration materials. **If you are registering as an Autism New Jersey member, please include your membership number.** Membership numbers can be found on the back of your registration brochure or on the mailing label of your most recent issue of our agency's newsletter, *The Beacon*.

Save money on your registration fees. Become a member today! It's easy to join or renew your membership. Simply fill out the membership form on page 22 and include the appropriate fee along with your Conference registration form, or visit www.autismnj.org to become a member.

I am attending on

Thursday, October 7, 2010 Friday, October 8, 2010 Saturday, October 9, 2010

Not sure of your membership status? E-mail membership@autismnj.org or 800.4.AUTISM.

	1 day	2 days	3 days
Family Silver and Gold Member # _____	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$195.00
Professional Silver, Gold Member or Agency Member # _____	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$315.00	<input type="checkbox"/> \$460.00
Basic Member # _____			
Family Member _____	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$180.00	<input type="checkbox"/> \$270.00
Professional _____	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$330.00	<input type="checkbox"/> \$495.00
Non-members _____	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$430.00	<input type="checkbox"/> \$645.00

Registration Fee \$ _____

Membership Fee \$ _____

\$25 Late Fee (after September 25, please call first) \$ _____

Less Group Discount \$ _____

Include payment/purchase order, registration form and workshop selection. **Total Enclosed \$ _____**

Payment Information

Autism New Jersey accepts online registration with a credit card at www.autismnj.org.

Make checks payable to Autism New Jersey and mail to PO Box 55120, Trenton, NJ 08638, Attn: Conference Registration.

Check # _____ Money Order # _____ Purchase Order # _____

Credit card Visa MasterCard American Express Discover Expiration Date _____

Card number _____ Name on card _____

Signature (required for credit card) _____

Autism New Jersey Annual Conference Workshop Selections

Name of registrant: _____

Telephone: _____ E-mail: _____

If you are registering for Friday and/or Saturday, circle only one choice for each session. Refer back to the workshop descriptions to confirm that the number of the workshop matches the workshop you wish to attend.

Session A Friday 10:45 am – 12:15 pm

1 2 3 4 5 6 7 8 9 10 11 12 13 14

Session B Friday 1:45 pm – 3:15 pm

15 16 17 18 19 20 21 22 23 24 25 26 27 28

Session C Friday 3:30 pm – 5:00 pm

29 30 31 32 33 34 35 36 37 38 39 40 41 42

Session D Saturday 9:00 am – 10:30 am

43 44 45 46 47 48 49 50 51 52 53 54 55 56

Session E Saturday 10:45 am – 12:15 pm

57 58 59 60 61 62 63 64 65 66 67 68 69 70

Session F Saturday 1:45 pm – 3:15 pm

71 72 73 74 75 76 77 78 79 80 81 82 83 84 85

Before mailing, verify that you have included:

Registration form Workshop selections Payment or purchase order information

Mail to:

Autism New Jersey
Attn: Conference Registration
PO Box 55120
Trenton, NJ 08638