



First Interprofessional Autism Conference (IPAC)

Team Up - Collaborate - Empower

Saturday, June 10, 2017 | 7:30 am - 3:30 pm

Kean University, Kean University - Hutchinson Hall, 1000 Morris Avenue, Union, NJ 07083

Registration Form

Name: _____ Discipline/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Organization: _____

Work Phone: _____ Home or Cell Phone: _____

Email: _____ Special Needs/Dietary Restrictions: _____

- Speech-Language Pathologist
 Occupational Therapist
 Physical Therapist
 BCBA
 Psychologist
 Teacher
 Student
 Parent

Payment Information

Total Amount: _____

Check (*made payable to NJSHA*)

- Visa
 MasterCard
 Discover
 American Express

	On or Before 5/19/2017	After 5/19/2017
Professional	\$125	\$135
Student/Parent	\$55	\$65

Credit Card Number: _____ Expiration Date: _____

Print Name as it appears on credit card: _____

Signature: _____ Date: _____

All registrants will receive confirmation by email.

Requests for refunds must be made in writing and received by 5/19/2017 A \$25 administration charge will be deducted from your refund.

Return Registration to:
 New Jersey Speech-Language-Hearing Association
 174 Nassau Street, Suite 337
 Princeton, NJ 08542
 888-906-5742
 Fax: 888-729-3489
 info@njsha.org

Register online: www.njsha.org