

CONFERENCE REGISTRATION FORM

Name:_		Oı	rganization (if applicable):
Address:		City/State/ZIP:	
Country	: Phone:	Email:	
	Under 18		′ou?: ☐ Adult Service Provider
_	□ 18-24		☐ Student
	□ 25-44		☐ Corporation/For Profit Professional
	□ 45-64		☐ Government/Public Policy Professional
	☐ 65 and older		☐ Not-for-Profit Professional
	Prefer not to disclose		☐ Professor/Researcher
Gender:	□ Male		☐ Special/General Education Professional
'	□ □ Female		☐ Self-Advocate
'	☐ Non-Binary		☐ Family Member
	□ Other		Retired
	☐ Prefer not to disclose		Other:
			secure appropriate providers by November 1, 2022.
			ner: Please explain:
	CART	☐ Nor	ne
Lunche	Large Font		
		ons will take place on Friday	y, December 2. Box lunches are available for purchase
for \$30 p (complim	oer person. You are welcome	e to join and bring your ow	n lunch. The Membership Luncheon & Award Ceremony December 3. Please check the boxes below if you plan to
	Let's Connect Mini-Iuncheo	ns *Please select group:	☐ Communication Access ☐ Community Living
	Membership Luncheon & A	ward Ceremony	☐ Diversity & Social Impact ☐ Employment
	Dietary Restrictions?——	<u> </u>	☐ Families & Siblings ☐ Inclusive Education
	Example: Vegan, Gluten Fr	ee, Allergies, etc.	☐ Self-advocates
By regist purposes	s. This includes my name,	photograph, video and my	ing to allow TASH to use my likeness for marketing y voice in all forms of media in all manners for approve the finished products.
	I have read the terms and	conditions, and I agree.	

TASH Membership

Signing up for a TASH membership today will save you money on your conference registration and provide you with member benefits for a full year! To learn more, please visit our website: www.TASH.org/join. To add a membership to this order, please include the appropriate amount in the "Membership Total" section below.

2022 Conference Ticket Pricing	Early-Bird Rate (through Sept. 7)		Regular Rate (Sept. 8 - Dec. 3)	
2022 Conterence Ticket Fricing	Member	Non-Member	Member	Non-Member
Professional, Associate, Organizational, Lifetime	\$475	\$670	\$520	\$715
Student	\$290	\$355	\$325	\$390
Family Member, Direct Support Professional, Retiree	\$265	\$320	\$295	\$350
Self-advocate	\$210	\$265	\$245	\$300
Personal Assistant	\$175			•

One Day Pass	Member	Non-Member	☐ Thursday, December 1
	\$300	\$400	☐ Friday, December 2 ☐ Saturday, December 3

Registration Policies

Registration will not be accepted without full payment by check, credit card, or official purchase order. All checks muct be made in US dollars made payable to TASH, and payment in full is required prior to the event's start date.

Attendee Selection

Professional, Associate, Organizational, Lifetime: This rate is for people working in the disability field in a professional capacity and those in their early careers.

Student: Please provide your current student ID # to receive this rate. .

Family, Direct Support Professionals, Retired:

This rate is reserved for family members, direct support professionals and retired individuals.

Self-Advocate: This rate may be used by self-advocates only.

Total Payment

Conference Registration Total:	\$	
Personal Assistant Total:	\$	
Boxed Lunch (\$30/each):	\$	
Membership Total (if applicable):	\$	
Donation Total (if applicable):	\$_	
· 11		

Personal Assistant: This allows the primary attendee to bring a personal assistant for \$175 each. A separate registration form is required.

One Day Pass: A One Day Pass may be used on December 1, December 2, December 3.

Cancellations/Substitutions

Total Amount: \$ _____

All cancellations must be requested in writing on or before Monday, November 7, 2022, to receive a refund less 15% service charge. No refunds will be granted after Monday, November 7, 2022. All requests for refunds should state the registrant's name and the amount of payment. We regret that we cannot offer refunds for "no shows" at the conference. Substitutes are welcome at any time. Substituted registrants that fit into a different registration category will be responsible for payment of the difference in conference registration fees. Registrations may not be shared for any reason.

Billing Information	
----------------------------	--

Billing Information	
Credit Card Type: ☐ AMEX ☐ Mastercard ☐ VISA ☐	Discover
Name on Card:	Credit Card #:
Address:	City/State/ZIP:
Country:	Authorized Signature:
	☐ Purchase Order P.O. #