AUTISM SOCIETY

*Improving the Lives of All Affected by Autism*

 *Iowa*

Autism Society of Iowa Virtual Exhibitor Registration Form

The **Autism Society of Iowa** is offering registration for service providers to participate in our virtual Information and Resource Fair, which will be held during our virtual annual conference on Friday, November 6, 2020. The keynote speaker will be James Ball, Ed.D., BCBA-D who will speak on pro-active strategies for positive behavior changes and enhancing social skills.

Registration cost is $50.00 per sponsor.

**Virtual Exhibitor Benefits:**

* Your logo and link to your website on all conference marketing materials and on our website and newsletter
* Over 100 people in attendance will have access to your information
* One free complimentary registration to the conference
* Acknowledgement through social media prior to the conference
* Upload resource to virtual exhibitor room

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 ***Iowa***

2020 Autism Society of Iowa Virtual Exhibitor Registration

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

Service Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Web-site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment:**

Register online at [www.autismia.org](http://www.autismia.org)

Check: Please make check to **Autism Society of Iowa** Check #\_\_\_\_\_\_\_\_

Purchase Order: Please mail to:

ASI, 4549 Waterford Drive, West Des Moines, IA 50265

Credit Card: [] VISA [] MasterCard [] Discover [] America Express

Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CID# (3-digit on back) \_\_\_\_\_\_

Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Autism Society of Iowa

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