*A close up of a logo

Description automatically generated with low confidence*

Autism Society of Iowa Resource Fair Registration Form

The **Autism Society of Iowa** is offering registration to participate in our Information and Resource Fair, which will be held during our annual educational conference at the Sheraton Hotel in West Des Moines on Friday,

November 4, 2022. The keynote speakers will be Temple Grandin, Ph.D. who will speak on navigating life with Autism, including early childhood education, unwritten social skills, vocational training and employment and sensory issues, and Lindsey Nebeker and Dave Hamlin from Autism in Love. In addition, there will be five breakout sessions and social time for adults and teens with Autism.

Registration cost is **$100.00 per table, which includes lunch and one registration to the conference.** There are a limited number of tables for the Information and Resource Fair so please respond by October 15, 2022.

**What you receive with each table**:

* One (1) 8-foot table with two chairs.
* Access to over 150 people in attendance for our conference.
* Lunch provided at your table.

**What your organization will need to provide:**

* Appropriate signage for your table
* Appropriate staffing

**Schedule for Information and Resource Fair:**

* You may set up your table anytime from 7:30 a.m.-10:00 a.m.
* The Information and Resource Fair will be held from 10:00 a.m.-3:00 p.m.
* *It is possible for one person to attend the information and resource fair table and attend the conference. The rooms are connected, and the person can leave before breaks/lunch start to get to the organization’s table. You may leave your items at your resource fair table until the conference ends if you are attending the conference.*

2022 Autism Society of Iowa Information and Resource Fair Registration

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

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

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

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

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

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

**Payment:**

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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