



**ASMT's 2011 Fall Conference – Thursday, September 22, 2011  
“Finding Individual Pathways to Success”**

**EXHIBITOR REGISTRATION FORM**  
*(Deadline is September 8)*

Company/ Organization Name: \_\_\_\_\_  
Website (to be listed on conference materials): \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address (Billing Address if using Credit Card): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (to be listed on conference materials): \_\_\_\_\_  
Phone (contact for day of): \_\_\_\_\_  
Name of Attendee: \_\_\_\_\_ Title (for name tag): \_\_\_\_\_  
Name(s) of additional individual(s) at exhibit table: \_\_\_\_\_

**Exhibitor Fees**

(Exhibitor fees include conference registration and meals for one person.)

- Individual on the spectrum - \$75
- Non-profit, Agency member of ASMT - \$120
- Non-profit, Non-member - \$155
- For-profit, Agency member of ASMT - \$160
- For-profit, Non-member - \$195
- \_\_\_ Additional attendants requesting meals - \$15/ each \_\_\_ # of vegetarian lunches requested
- I would like to donate my conference registration to be used as a scholarship for a parent. I understand this waives my access to the conference break-out sessions and meals.
- I request having access to an electrical outlet. (ASMT can not guarantee this access.)

\$\_\_\_\_\_ Total amount to be paid

**Payment Options**

- Check enclosed (Payable to ASMT)     Visa     MasterCard     Discover     AMEX

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**Please send completed form with payment to  
ASMT, 955 Woodland Street, Nashville, TN 37206  
Or fax to 615-383-1176**

**Thank you for your support! We look forward to seeing you at the Conference!**  
If you have any questions, please contact ASMT at 615-385-2077, ext. 3 or [admin@tnautism.org](mailto:admin@tnautism.org).