MILESTONES NATIONAL AUTISM CONFERENCE

June 14-15 2018 • 8:00 a.m.–4:00 p.m. • Cleveland I-X Center

RESIDENTS, FELLOWS, MEDICAL STUDENTS & NURSING STUDENTS (MASTER'S LEVEL)

SPECIAL COMPLIMENTARY REGISTRATION

One form per person • Deadline: June 6, 2018

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email (will not be shared) _____

Please check the day(s) you plan on attending: ☐ **Thursday, June 14** ☐ **Friday, June 15** ☐ **Both days**

How did you hear about this conference? _____

FREE parking, breakfast, lunch, snacks and all-day beverages included.

PROGRAM/SCHOOL INFORMATION

Area of Specialty _____

Program/School Name _____

Supervisor Name _____

Supervisor Work Address _____

City _____ State _____ Zip _____

Supervisor Work Phone _____

Supervisor Email (will not be shared) _____

RETURN REGISTRATION BY MAIL, FAX OR EMAIL

Mailing Address:
Milestones Autism Resources
4853 Galaxy Parkway, Suite A, Warrensville Hts, OH 44128
Fax: 216.464.7602 **Email:** register@milestones.org

You will receive an email confirmation prior to the conference.

Milestones AUTISM Resources
educating | coaching | connecting