

CONFERENCE \_\_\_\_\_ SOURCE \_\_\_\_\_ DATE \_\_\_\_\_

**FUTURE HORIZONS, INC**  
**CONFERENCE REGISTRATION FORM**

NAME \_\_\_\_\_

CONTACT / SCHOOL / ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE (     ) \_\_\_\_\_ Email: \_\_\_\_\_

**Attendees:** \_\_\_\_\_

---

---

---

---

---

Long Island, NY November 10<sup>th</sup>, 2017

\_\_\_\_\_ Professional \$135

\_\_\_\_\_ Parent/Family Member \$120

\_\_\_\_\_ Individual w/ Autism/Asperger\$ \$ 50

\_\_\_\_\_ Student Rate w/ID \$ 70

\_\_\_\_\_ Conference Handout Material (1Packet) \$ 10  
-available for pre order until 11/6/17

\_\_\_\_\_ TOTAL NUMBER **TOTAL** \_\_\_\_\_

MC VISA AMEX DISCOVER

CARD # \_\_\_\_\_ EXP \_\_\_\_\_