

Annual Conference in Burbank CA.
October 21-22, 2011, Friday & Saturday 8am - 5pm

Autism Without Limits

(vendor#: PL0505 service code: 101)

A gathering of people who are interested in or live with Autism. A unique opportunity to hear from those on the leading edge of the Autistic experience.

Presentations by:

Stephen Hinkle, Sue Rubin, Anne Donnellan, Peyton Goddard, Jordan Ackerson, Lars Perner, Darlene Hanson, Jeremy Sicile-Kira,..... many others!



Hotel & Convention Center 2500 Hollywood Way Burbank, California 91505 reservations: 1-800-228-9290

FOR MORE INFORMATION:

visit event page: http://www.autcom.org/conf2011/main.html

To join our mailing list: text AUTCOM to 22822

email: charlotte@ideocentric.com or call(818) 425-6150

Conference hosted by



AutCom (Autism National Committee) 2011 Annual Conference

Autism Without Limits

October 21-22 - Los Angeles Marriott Burbank Airport Hotel - Burbank, California
For hotel reservations call 818 - 843 - 6000 and ask for the AutCom conference reduced rate
More information at www.autcom.org

Jay Nolan Community Services is honored to be an active supporter of Autism National Committee

Entire Conference (includes breakf	asts, lunches & Friday	dinner/program) - Food preferences?	See box at bottom.
Individuals with autism:	Number of participan	ts x \$125 = \$	
Family members/support/students:	Number of participan	ts x \$205 = \$	
Professionals:	Number of participan	ts x \$305 = \$	
Friday day session only (includes b	oreakfast & lunch) - Foo	od preferences? See box at bottom.	
Individuals with Autism:	Number of participan	ts x \$75 = \$	
Family members/support/students:	Number of participan	ts x \$115 = \$	
Professionals:	Number of participan	ts x \$170 = \$	
Friday Dinner and program only (in	addition to single day	sessions) - Food preferences? See bo	ox at bottom.
	Number of participan	ts x \$40 = \$	
Saturday day session only (include	s breakfast & lunch) -	Food preferences? See box at bottom.	
Individuals with autism:	Number of participan	ts x \$75 = \$	
Family members/support/students:	Number of participan	ts x \$115 = \$	
Professionals:	Number of participan	ts x \$170 = \$	
Donation to support attendance of	individuals on the auti	sm spectrum: \$	
	Total Registration Fee	e & Donation: \$	
Cancellation	ons, less 10%, before O	ctober 11. No refunds after that date!	
Participant Name/Names:			
Address:		City:	
State:	Zip:	Phone:	
E-Mail address for confirmation:			
Select method of payment. Se	e mail-in and fax instru	uctions below. Online registration is a	at www.autcom.org
CheckPurchase Order	(Enclose copy of purcha	se order)	
Visa/MasterCard/AMEX #:		Exp. Date: _	
Name on card (Please print)		Signature	
Mail or Fav normant and raci	atratian forms to:	Indicate special i	meal requests

Mail or Fax payment and registration form to:
Jay Nolan Community Services
AutCom - Autism Without Limits
PO Box 9604
Mission Hills, CA 91346-9604
Fax (818) 365-9202

Email: al@jaynolan.org

Indicate special meal requests			
	Number requesting		
Gluten Free			
Casein Free			
Gluten Free/Casein Free			
Vegetarian			