MEETING INFORMATION

Meeting Location
New York Academy of Medicine
1216 Fifth Avenue (at East 103rd Street)
New York, NY 10029

Directions and Parking
For parking information and directions to the New York Academy of Medicine, please visit **http://nyam.org/about/visit/**.

To Register
Register online at **www.seaverconference2017.evenbrite.com**.

If you are interested in sponsorship opportunities or would like to participate in the Exhibitor Session
Please visit
www.seaversponsorship2017.eventbrite.com
or contact us at
annualconference@seaverautismcenter.org
or **212-241-0349**.

QUESTIONS?
Email us at
annualconference@seaverautismcenter.org
or call us at **212-241-0349**.

ADVANCES IN AUTISM CONFERENCE SUNDAY, SEPTEMBER 10, 2017

REGISTRATION FEES

☐ Mount Sinai Health System and Affiliated Faculty and Physicians $75

☐ Faculty, Physicians, Health Care Professionals, and Educators *(outside of Mount Sinai)* $100

☐ Reduced fee for Individuals with ASD and Family Members of Individuals with ASD $25

☐ Other *(e.g., Health Care Staff, General Public)* $50

☐ FREE for Students *(Registration required)*

THREE WAYS TO REGISTER

1) ONLINE
www.seaverconference2017.eventbrite.com

2) FAX completed form to 212-828-4221

3) MAIL this form with your check to:
Seaver Autism Center
Icahn School of Medicine at Mount Sinai
One Gustave L. Levy Place, Box 1230
New York, NY 10029
Attn: Savannah Lennertz

_____
LAST NAME, FIRST NAME

_____
CREDENTIALS (MD, PHD, RN, ETC.)

_____
ADDRESS

_____
CITY, STATE, ZIP

_____
TELEPHONE

_____
E-MAIL

_____
SPECIALTY

_____
INSTITUTION/AFFILIATION

Please indicate special dietary needs:

☐ Kosher   ☐ Vegetarian

Enclosed is my check for $ _____ payable to

The Seaver Autism Center
Please note that registration will not be processed unless accompanied by payment.

Bill my credit card $ _____

☐ Visa   ☐ Mastercard
☐ American Express   ☐ Discover

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CARD NUMBER

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EXP DATE   SECURITY CODE

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CARD HOLDER NAME *(please print)*

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SIGNATURE