



# Oklahoma Statewide Autism Conference

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## Oklahoma's Twelfth Annual Conference on Autism Spectrum Disorders

For Families, Health Professionals, Educators, and Advocates  
February 19-20, 2021

### Agenda

#### Friday, February 19, 2021

8:00 am – 8:30 am Sign into Zoom/ Slideshow  
8:30 am – 8:45 am Opening Remarks  
8:45 am – 10:15 am Erik Carter, Ph.D.  
10:15 am – 10:30 am Break  
10:30 am – 12:00 pm Erik Carter, Ph.D.

#### Saturday, February 20, 2021

8:00 am – 8:30 am Sign into Zoom/ Slideshow  
8:30 am – 8:45 am Opening Remarks &  
Judy Pluess Excellence in Autism Award  
8:45 am – 10:15 am Shahla Ala'i, Ph.D., BCBA-D, LBA  
10:15 am – 10:30 am Break  
10:30 am – 12:00 pm Shahla Ala'i, Ph.D., BCBA-D, LBA

All individuals attending this training must register. Content presented in this training will be virtual and a link will be provided to the email you use for registration. Please carefully read over instructions for how to sign in and attend the training prior to February 19, 2021. These instructions will be emailed to you once your registration has been fully processed.

### Certificates of Attendance

Certificates of Attendance are only available to individuals registered as professional / educators. If you fall under another registration type, but would like a Certificate of Attendance, you must register as a professional/ educator. Check the website for details regarding CEUs.

### Family Scholarship Application

A limited number of family scholarships are available to parents and individuals with ASD. To apply, visit <http://okautism.org>

### Sponsorship Opportunities

We welcome sponsors. Contact us for details:

Web: <http://okautism.org>

Email: [okautism@ouhsc.edu](mailto:okautism@ouhsc.edu)

Phone: 405.271.7476 or 1.877.288.8476

Oklahoma Statewide Autism Conference, February 19-20, 2021, Virtual Conference  
Oklahoma Autism Network, Lee Mitchener Tolbert Center for Developmental Disabilities & Autism,  
University of Oklahoma Health Sciences Center 1200 North Stonewall Avenue, Oklahoma City, Oklahoma 73117  
[www.okautism.org](http://www.okautism.org) • Toll-free 877.228.8476 • Local 405.271.7476 • Fax 405.271.2630 • Email: [okautism@ouhsc.edu](mailto:okautism@ouhsc.edu)

In A World Where You Can  
Be Anything  
**BE KIND**





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## How to Register

- Mail completed form and payment to: OUHSC-Oklahoma Autism Network, University of Oklahoma Health Sciences Center, College of Allied Health, 1200 N. Stonewall Avenue, Room 1141, Oklahoma City, OK, 73117, or
- Fax or mail completed registration form with copy of Purchase Order to 405.271.2630, or
- To pay with a credit card go on-line to <http://okautism.org>.
- All registrants **must** provide and email address for registration. This email address **must be the same** email you use to login to your zoom account when you connect to this virtual event. Further instructions will be emailed to you once your registration is fully processed.

Those seeking a Certificate of Attendance or CEU credit must register as professional.

## Terms and Conditions

**Check:** Make check payable to **OUHSC-Oklahoma Autism Network** and mail registration fees by February 8, 2021 to:  
Oklahoma Autism Network, University of Oklahoma Health Sciences Center  
College of Allied Health  
1200 N. Stonewall Avenue, Room 1141  
Oklahoma City, OK 73117

**Registration is not complete until payment is received.**

**Purchase Order:** Make purchase order payable to **OUHSC-Oklahoma Autism Network**. Fax or mail completed registration form with copy of Purchase Order to:  
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College of Allied Health  
1200 N. Stonewall Avenue, Room 1141  
Oklahoma City, OK 73117  
Fax: 405.271.2630

**Registration is not complete until purchase order is received.**

**Refund Information:** All cancellations must be submitted in writing and postmarked no later than February 12, 2021. A \$30 administration fee will be applied to all cancellations regardless of payment type. Send cancellation request by Email to [okautism@ouhsc.edu](mailto:okautism@ouhsc.edu) or mail to:  
Oklahoma Autism Network, University of Oklahoma Health Sciences Center  
College of Allied Health  
1200 N. Stonewall Avenue Rm 1141  
Oklahoma City, OK 73117

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## Registration Form: 2021 Oklahoma Statewide Autism Conference

### Personal Information

Name \_\_\_\_\_

Title (parent, physician, SLP, spec. ed. / reg. ed. teacher, etc.) \_\_\_\_\_

School District / Company / Organization / NA (not applicable) \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Fax \_\_\_\_\_

### Registration Rates

Registrant Type	Professional/ Educator	Family Member/ Individual with ASD*	Student
Cost	\$90	\$45	\$45

**Must complete a registration form for each registrant. Submit all registrations together. See Terms and Conditions**  
\*If you would like to receive a Certificate of Attendance or professional development/ CEUs, you must register at the Professional/  
Educator level.

### Method of Payment – Registration is not complete until payment or copy of purchase order is received.

- Payment enclosed (Payable to OUHSC-Oklahoma Autism Network) Check # \_\_\_\_\_ \$ \_\_\_\_\_
- Bill my organization (**must attach Purchase Order**) Purchase Order # \_\_\_\_\_
- Credit Card users must register on-line. Visit <http://okautism.org>

By registering for this virtual event, I give permission to the Board of Regents of the University of Oklahoma, a constitutional state entity of the State of Oklahoma, by and through the College of Allied Health ("University") to use my voice, image, face likeness and/or my works ("Works") in the recording of videos, video classroom captures, photographs, and/or voice recordings ("Recordings"), subject to the following conditions: (1) Recordings of my Works may be posted to the University's website for educational purposes, publications, presentations, research, and/or other similar uses (2) I acknowledge, understand, and expressly agree that the University is the sole and exclusive owner of the Recordings; and (3) no royalty, fee, or other compensation shall be payable for works.

Yes  No I would like to receive more information about trainings and events from the Oklahoma Autism Network.

Yes  No I give permission to release my name and/or contact information for mailing/distribution lists.

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