

Registration Form

HOW TO REGISTER

1. Register online at www.greatplainslaboratory.com
2. Register by Mail: Mansfield, Ohio 2008 Conference
c/o Rory Butler, 11813 W. 77th St. Lenexa, Kansas 66214 USA
3. Register by phone: 1-800-288-0383 or (913) 341-8949 at The Great Plains Laboratory
4. Register by fax: (913) 341-6207 at The Great Plains Laboratory (please confirm fax receipt)

CONFERENCE FEES:

_____ \$ 129 US - SINGLE
_____ \$ 189 US - COUPLE
_____ **EARLY BIRD – 50% DISCOUNT (applies if register before January 15th 2008)**
_____ **GROUP DISCOUNT – 25% DISCOUNT (by Registering 10 or more - \$96.75 per person in group)**
_____ Subtotal
X _____ Multiply appropriate fee by # of registrations
_____ **TOTAL**

***THE CONFERENCE FEE IS NON-REFUNDABLE
FEE INCLUDES HANDOUTS, LUNCH & REFRESHMENTS**

How did you hear about this conference? _____

Please indicate any special food or dietary requirements _____

_____ *Please check here if you do NOT want your name listed in our database to receive information regarding future workshops, outreach clinics and conferences. We respect your privacy and never sell or give out this information to any other parties.*

PARTICIPANT CONTACT INFORMATION (Must be completed for each attendee):

First Attendee:

Last Name: _____
First Name: _____
Address: _____
City: _____
State Province: _____
Zip/Postal Code: _____
Country: _____
Phone: (H) _____
Phone: (C) _____
Email: _____

PRACTITIONER'S INFORMATION (if applies)

Company: _____
Specialty: _____
License (type/title): _____

Second Attendee:

Last Name: _____
First Name: _____
Address: _____
City: _____
State Province: _____
Zip/Postal Code: _____
Country: _____
Phone: (H) _____
Phone: (C) _____
Email: _____

PRACTITIONER'S INFORMATION (if applies)

Company: _____
Specialty: _____
License (type/title): _____

PAYMENT METHOD

Amount To Be Charged: \$ _____ Money order Check

Make checks payable to The Great Plains Laboratory & mail to: Mansfield 2008 Conference, 11813 W. 77th. Street, Lenexa, KS 66214

Credit Card (check one):

MasterCard Visa American Express Discover

Account #

Name as it Appears on Card

Exp. Date

____ - ____

Security Code

**Treating Autism Spectrum Disorders, An Integrative Approach to Successful
Therapies and Treatments For Autism, Aspergers, PDD and AD(H)D**

Mansfield, Ohio

March 29 & 30, 2008