

ABOARD'S Organization/Corporate Partners

Achievement Center
Alliance for Infants & Toddlers
Alliance Health Wraparound
A.O.T., Inc.
Arc of Mercer County
Autism Speaks
AVID Learning Therapy Center
Children's Institute of Pittsburgh
Clearfield-Jefferson MH/MR Program
Community Care Behavioral Health
Comprehensive Children
& Family Services
Diversified Human Services, Inc.
Dr. Gertrude A. Barber National
Institute
Dynavox
Emmaus Community of Pittsburgh
Fayette County MH/MR Program
Integrated Care Corporation
Lark Enterprises

Ligonier Valley Learning Center
Mercy Behavioral Health
Midwestern Intermediate Unit 4
Milestones Community Healthcare, Inc.
PA Cyber School
Pediatric Therapy Professionals, Inc.
Rehabilitation Specialists, Inc.
Ron Dunn Agency
Shamrock Solutions Inc.
Southwestern Human Services
Step by Step, Inc.
Stern Center for Developmental
& Behavioral Health
Vocational & Psychological Services
Watson Institute
Westmoreland Case Management
& Supports, Inc.
Westmoreland County MH/MR Program
WJS Psychological Associates, Inc.
Youth Advocate Programs, Inc.

2008 - 2009 ABOARD Organization/Corporate Membership Form

Partnership with ABOARD is mutually beneficial. It supports our work in meeting the needs of Pennsylvanian families challenged with autism spectrum disorders. It also keeps your organization "front and center" in the minds of those very families. We will do this by acknowledging your membership in our quarterly newsletter as well as on our website, which is being re-designed. Also your organization will receive a discounted rate to exhibit at our conferences along with a 20% discounted registration fee when sending 5 or more of your employees to attend our conferences and workshops.

membership offering for the remainder of 2008 and all of 2009: \$250

Organization _____ Contact Name _____
Address _____
Phone # _____ Fax # _____ E-mail _____

Mail form with your check or credit card info. to: **ABOARD, 35 Wilson St., Suite 100, Pittsburgh, PA 15223**

Credit Card (VISA, Master Card) _____ Card # _____

Name as it Appears on Card _____

Statement Billing Address _____

Expiration Date _____ Authorized Signature _____