



MECKLENBURG COUNTY
Area Mental Health, Developmental Disabilities and
Substance Abuse Services
February 18, 2011

PROVIDER HOT SHEET

⇒ Mecklenburg County has embraced and instituted a strong system of care, whereby we strive to promote least restrictive and most normative living environments for children and youth. When considering placing a child out of state, there are fundamental LME and state protocols that should be followed to ensure medical necessity and foster appropriate clinical placements. As such, the following links will provide you with detailed guidelines and supporting documents to adhere to when placing a child out of state.

- [Out of State Placement of a Child Form and Procedures](#)
- [Interstate Compact on the Placement on Children Request](#)
- [Notification of Out of Home Community Placement for Children/Adolescents](#)
- [PRTF Certificate of Need](#)
- [Inpatient Certificate of Need Children Under 21](#)

⇒ **Attention Targeted Case Management DD Providers:
Effective April 30, 2011, LMEs Will No Longer Bill for T1999 Supplies for CAP MR/DD Waiver Recipients**

Effective July 1, 2010, durable medical equipment (DME) providers became eligible to enroll with DMA as Community Alternatives Program (CAP) providers and bill for CAP-MR/DD waiver supplies (T1999). The UR Vendors will provide a service authorization to the CAP DME provider, which authorizes the amount and codes that are approved on the CAP Cost Summary. The case manager is responsible for securing the signed and dated physician order and retaining it on file. The order must detail the specific quantity and frequency of the supplies. The DME vendor must send a copy of the itemized monthly invoice to the CAP-MR/DD case manager. Case managers are responsible for ensuring that DME providers comply with the authorized quantity. Case managers, DMA and applicable UR vendors will conduct random audits of DME CAP-MR/DD waiver charges. Any reimbursement for unauthorized supplies will be subject to recoupment by Program Integrity. Use of the BO modifiers with procedure codes for enteral supplies being provided and billed as CAP-MR/DD waiver supplies apply only to recipients 21 years of age and older. These supplements do not need to be entered on the cost summary nor do they require prior approval by applicable UR vendor. For Medicaid recipients 20 years of age and younger, these products are currently available as a State Plan Service from an enrolled DME provider and are not covered as a waiver supply for children. For Non-Waiver recipients, please refer to the section on oral nutrition in Clinical Coverage Policy 5A, Durable Medical Equipment, for specific coverage information. The case manager is responsible for securing the signed and dated physician order and retaining it on file. The order must detail the specific quantity and frequency of the supplies. The DME vendor must send a copy of the itemized monthly invoice to the CAP case manager. Please note that enteral supplies do not count against the \$3,000 limit for T1999.

Diapers and other incontinence supplies are regular DME supplies, not CAP MR/DD supplies. These should be billed by an enrolled DME provider. LMEs should not be billing for any regular DME supplies.

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⇒ Implementation Update #85

- Implementation of the NCCI
 - CABHA Electronic Commerce Requirements
 - Auth/Billing prior to CABHA Enrollment
 - CST, IIH, DT after January 1, 2011
 - Endorsement Triple Time Frames
 - CABHA: Changes of Ownership
 - Billing "Incident to" the MD
 - Revision to Level III/IV Discharge Plan – Revised plan is required for Level III Admissions and Reauthorizations.
 - FAQ Regarding MST Implementation
 - 6-Hour PCT/Recovery Training elements
 - Medicaid Policy Updates
 - Prior Approval Additional Information Request
 - CAP/MR-DD UR by LMEs FAX Numbers
 - Supports Intensity Scale Update
 - CAP-MR/DD Update: Self Direction
 - T1999 Supplies for CAP-MR/DD - Effective July 1, 2011 LMEs will not be billing for any regular DME supplies.
 - Post-Payment Reviews by PCG
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PROVIDER COUNCIL REMINDERS AND UPDATES

⇒ **Mecklenburg Provider Council** Executive Board election results are as follows:

- Dammeon Chisholm, Footprints Carolina, MPC Executive Board President
- Miranda Little, Family Preservation Services of NC, Inc. , MPC Executive Board Vice President
- Dr. Trasha Black, Genesis Project 1, MPC Executive Board Secretary

⇒ **Provider Council Sub-Committees** – Three standing subcommittees have been formed by the Provider Council. If you are interested or want more information, please contact the committee chairs. The four committees are:

- **Training and Development Committee** Trasha Black (Co-Chair), Genesis Project, tblack@genesisproject1.org, 704-596-0505
 - ◆ Angela R. Simmons (Co-Chair), The Right Choice MWM, 704-537-3650 x1105, angela@trcmwm.com.
 - > The next scheduled meeting is **Wednesday, March 16, 2011 at 9 AM** in the Carlton Watkins Center Multipurpose room.
- **Provider Relations Sub-Committee**
 - ◆ Kira Wilson (Co-Chair), The Arc of NC, 704-568-0112, kwilson@arcnc.org
 - ◆ Tim R. Holland (Co-chair) Person Centered Partnerships, 704-319-7609, Tim.Holland@pcpartnerships.org
 - > The next scheduled meeting is **Wednesday, March 16, 2011 at 1:30 PM** in the Carlton Watkins Center Multipurpose room.
- **Provider Outreach Sub-Committee** – The general purpose of which is to establish mechanisms for the Provider Council to connect with new providers, to provide them basic resource information and to introduce them to the Provider Council.
 - ◆ Miranda Little (Co-Chair), Family Preservation Services, Inc., 704-344-0491, mlittle@fpscorp.com
 - > The next meeting will be on **Wednesday, March 16, 2011 at 12 PM** in the Carlton Watkins Center Multipurpose room.

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- **Quality Improvement Sub-Committee** - The general purpose of this committee is to collectively organize a sound quality approach to delivery of clinical service as well as general standards for quality for MH/SA/DD providers. CABHA Quality Management Directors and representatives from the LME Quality Management Division are strongly encouraged to attend. The meetings will be held the 3rd Wednesday of each month.
 - ◆ Angela Bunting (Co-Chair), BWB Connections, 704-595-5553
 - ◆ Sonyia Richardson (Co-Chair), Another Level Counseling & Consultation, 704-548-5298
 - > The next meeting will be on **Wednesday, March 16, 2011 at 10:30 AM** in the Carlton Watkins Center Multipurpose room.

EDUCATION AND TRAINING OPPORTUNITIES

- ⇒ **MeckCARES Training Institute** offers a full range of high-quality classroom and now [online courses](#) that meet state service definitions and requirements and will empower you to improve outcomes for youth and families.
 - Learn about System of Care principles and practices
 - See how Child and Family Teams should operate
 - Gain knowledge, power and respect to strengthen families and improve lives
- Register Today! <http://charmec.org/mecklenburg/county/MeckCARES/training/Pages/default.aspx>
- ⇒ **Mecklenburg's PROMISE Recovery and Crisis Training Calendar.** MeckPromise is offering free Wellness, Recovery & Crisis Education classes for consumers and providers at our new location 1041 Hawthorne Lane, Charlotte, NC 28205. Please feel free to drop by and see what we've got going on! For more information on our classes please call 704-625-6236 or email John Cunningham at jcunningham@meckpromise.com to request a current calendar.
 - ⇒ **The Mecklenburg County Provider Council** has developed a comprehensive Training Calendar designed to serve as a one-stop location to view training events occurring in Mecklenburg County that are supported or sponsored by the provider community, the LME, AHEC or other entities. Following is a link to submit training events: <http://www.meckpromise.com/node/75>. To view training events, click on the following link: <http://www.meckpromise.com/mptc>
 - ⇒ **The LME Monthly AMH Training Calendar** is posted on-line at the following link: <http://charmec.org/mecklenburg/county/AreaMentalHealth/ForProviders/Pages/ProviderTraining.aspx>
 - ⇒ **TIP – Training in Innovation and Practice** –The NC Council of Community Programs and the Administrative Services Organization, a group of providers, continue to offer training to help providers adapt to changing circumstances. For a list of currently scheduled training events and to register, go to www.nc-council.org.
 - ⇒ **Mental Health Association** offers various training opportunities in collaboration with Charlotte AHEC. Please visit website <http://www.charlotteahec.org/> for more information.
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WEB RESOURCES

- ⇒ [NC Division of MH/DD/SAS](#)
- ⇒ [NC Division of MH/DD/SAS Implementation Updates](#)
- ⇒ [Mecklenburg AMH](#)
- ⇒ [AMH Best Practices Committees and Schedule](#)
- ⇒ [AMH Hot Sheet Archive](#)
- ⇒ [AMH Provider Document Library](#)

LME Protocol for Level IV/PRTF Out-of-State Placements

In order to request an out-of-state residential placement, all in-state options must have been exhausted first and denial letters must accompany the Value Options authorization request. It should be noted that some in-state PRTF options are inclusive of other states that accept NC Medicaid. (Refer to the attached list for available in-state PRTF options)

Please remember, that before a Mecklenburg County consumer is placed out-of-state in a residential placement, it is the responsibility of the Clinical Home provider to adhere to following requirements:

- When seeking psychiatric care (inpatient/PRTF), obtain a certificate of need which is required for children under 21 (see attachment).
- Attend a Care Review Team meeting to formally request LME approval. As such, routine care review team protocols should be adhered to. (Refer to attached care review team fact sheet)
- Complete out-of-state packet (refer to attachment) and obtain the required LME signatures as follows:
 - *Area Program Director – Carlos Hernandez*
Receipt of this signature may be coordinated through Barbara Cross at (704) 336-7462 / Barbara.Cross@MecklenburgCountyNC.gov
 - *Community Collaborative Representative/Care Review Team Facilitator - Dr. Nicole P. McKinney*
Receipt of this signature may be obtained directly at care review or by contacting her at 704-432-5539 / Nicole.Mckinney@MecklenburgCountyNC.gov

Please note: Clinical documentation (i.e., assessments, PCP, care review referral form & action plan, ITR, etc.) will need to accompany the packets to assist with review.

- Complete the Interstate Compact on Placement of Children (ICPC)
For more information contact: Charlene Timmons (Mecklenburg/DHHS ICPC Rep) at 919-334-1091
Charlene.Timmons@dhhs.nc.gov
(Refer to attachments for instructions and form)
- Contact MeckLink at (704) 336-6404 to inform of the placement once confirmed.
- Upon placement confirmation, complete the attached Out-of-Home County Placement form and send it to:
Dr. Nicole P. McKinney
Mecklenburg LME
3500 Ellington Street
Charlotte NC 28211
(704) 319-9232 (fax)

Please note: If the provider is enrolled with NC Medicaid to provide residential treatment and is not established with the LME, contact Angie Jackson at (704) 336-6954 with the following information to help facilitate getting a Memorandum of Agreement in place:

- name of the provider agency
- date of admission
- the service that will be provided
- a contact name and number at the facility

For additional inquiries, please contact:

**Dr. Nicole P. McKinney
Office # - 704-432-5539**

Nicole.Mckinney@MecklenburgCountyNC.gov

Mecklenburg County Community Collaborative Care Review Teams Fact Sheet

WHAT

Mecklenburg County's Care Review Teams (CRTs) are a cross-organizational mix of parents and professionals who assist child and family teams achieve the outcomes they are working toward. They act in a consultative and collaborative manner, promoting System of Care principles:

- ▶ Family-driven
- ▶ Youth-guided
- ▶ Culturally and linguistically competent
- ▶ Strong reliance on community supports systems
- ▶ Collaboration across agencies
- ▶ Home, community, and school-based
- ▶ Individualized strength-based care
- ▶ Data-driven for continuous improvement
- ▶ Holding ourselves and each other accountable

At the end of the meeting, your team will walk out with an action plan.

FOR WHOM

The CRTs are open to child and family teams working with children with severe emotional disturbances. The Community Collaborative strongly encourages child and family teams to come to Care Review before they have exhausted all resources.

WHERE

The CRTs are held at the Watkins Center, 3500 Ellington Drive, Charlotte, NC 28211

WHEN

Team A – 2nd Friday of each month (1 hour slots) 1:00pm, 2:00pm, and 3:00pm

Team B – 4th Friday of each month (1 hour slots) 1:00pm, 2:00pm, and 3:00pm

Team C – Level III/IV Residential Reauthorizations Requests - 2nd and 4th Thursday of each month (30 minute slots) 1:00pm, 1:30p, 2:00pm, 2:30pm, 3:00pm, and 3:30pm

HOW

To schedule a time with Care Review, contact Paula Cox at Area Mental Health: by phone at 704-432-4267 or by e-mail at paula.cox@mecklenburgcountync.gov. Child and Family teams will generally be scheduled on a first come, first served basis.

WHY

- To obtain the SOC Coordinator/Representative or designee's signature on discharge plans for reauthorizations of residential level III/IV services.
- To get a fresh perspective, especially when:
 - a young person is at risk of an out-of-home placement
 - the team needs help making progress toward its goals
 - the team would like help sorting through disagreements and building consensus among team members
 - the team would like to be coached about options before an issue of custody is brought before a judge
- For review of all requests for out-of-state placement

INSTRUCTIONS FOR COMPLETING FORM ICPC-100A INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

Form ICPC-100A is the sending agency's formal written notice to the receiving state of its intention to make an interstate placement and a request for a finding as to whether the placement would or would not be contrary to the interests of the child. With most placements it is also a formal request for a home study. Following review by the receiving state, it is the official notification that the proposed placement may or may not be made. A favorable finding means that the placement can be made in conformity with the Compact. An unfavorable finding means that the placement would be unlawful. The actual making of the placement bring into operation a number of rights and obligations set forth in the Compact, primarily those contained in Article V, Retention of Jurisdiction.

Form ICPC-100A must accompany all requests for placement to which the Compact is applicable and it should be favorably acted upon by the receiving state before any Compact placement is made.

SPECIFIC INSTRUCTIONS

In the first two blocks, enter the name and state of the ICPC Administrator (or Deputy) whose state is submitting the request (FROM) and the name and state of the ICPC Administrator (or Deputy) to whom the request is being forwarded (TO).

Section I: IDENTIFYING DATA

Fill out one form per child to be placed. Enter the full legal name, Social Security Number, ICWA (Indian Child Welfare Act) eligibility*, sex, date of birth, IV-E eligibility determination, and ethnic group of the child for whom this placement is proposed. If the child is known by a nickname, place it in parenthesis beside the legal name.

Enter the names of the legal mother and the legal father. In most instances the legal mother and legal father will be the birth parents. In cases where an adoption has been finalized, the adoptive parents will be the legal parents. If the parent(s) is deceased, enter "deceased" after the parent's name. If parental rights have been voluntarily relinquished or terminated by the court, indicate in parenthesis beside the name; if you prefer in that instance to withhold the name, simply enter the status of the parent's rights.

Enter the complete name, address, and telephone number of the agency or person who is responsible for planning for the child and who is financially responsible for the child. In most instances, these two items will be the same (the sending agency).

* An "Indian Child" means any unmarried person who is under age eighteen and is either (a) a member of an Indian tribe or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe.

Section II: PLACEMENT INFORMATION

Enter the full name, address, and telephone number of the person (s) or facility with whom the sending agency proposes to place the child. The social security number is optional. If the resource, e.g., Foster Family Care, is yet to be determined, leave these items blank.

Place an X in the box, which designated one of the following **Types of Care Requested**:

Foster Family Home: a foster family home is a facility providing care and guidance for a child or children not related to the caretaker for regular 24 hour care, or a certified kinship care home. A family foster home may not operate without a license or a certificate as required by the laws of the receiving State.

Group Home Care: a resource which is licensed or approved as a group home and which provides substitute care for a fee; usually a modified family-type setting which serves more children than a foster home but fewer than an institution.

Child-caring Institution: a group care facility which is licensed or approved to provide custodial care to a larger number of children than a foster home or group home.

Residential Treatment Center: a group care facility which provides a specific treatment program outside the realm of a medical hospital, psychiatric hospital or institution for the mentally retarded or mentally ill; e.g., a residential program for the treatment of alcohol/drug abuse. The receiving state is not obligated to supervise this type of placement made by the sending state.

Institutional Care (Article VI), Adjudicated Delinquent: a group care facility for adjudicated delinquent whose proposed placement is according to Article VI of the ICPC. These facilities may include group homes and residential treatment centers and may serve non-delinquents as well.

Parents): legal parent(s).

Relative (not parent): specify relationship, such as maternal aunt, paternal grandparents, brother, etc.

Other: specify a type of care not already listed; e.g., Non-relative Free Home (an unrelated family which does not require foster home licensure in the receiving state and does not need or want foster care payments), Independent Living Arrangement (an older teenager who is still under the jurisdiction of an agency or court but is capable of independent living without the supervision of a foster home or group home), or Maternity Home.

Adoption: refers to both agency and private/independent adoptive placement prior to finalization; this may refer to an initial placement with a family where adoption is the intention, or it may refer to the movement of an adoptive family from State A to State B following placement. Indicate if a federally funded adoption subsidy (Title IV-E) or a state funded subsidy (non N-E subsidy) is applicable; mark in which state the adoption is to be finalized.

Place an X in the box, which designates one of the following kinds of **Legal Status**:

Sending Agency Custody/Guardianship: child is in the full legal custody or guardianship (depending on the terminology of the state) of a public agency. For example: a public agency may be social services, youth corrections, probation/parole, or a tribe. The sending agency may also be a licensed private child placement agency, an adoption agency, or a birthmother if allowed by state law.

Parent/Relative Custody/Guardianship: child is not under the jurisdiction of either an agency or the court but is the full legal responsibility of parent or relative; most likely to be marked when a parent/relative/or guardian wishes to place a child in one of the types of care listed on the previous page.

Court Jurisdiction Only: child is, not the legal responsibility of an agency; the court has full responsibility for weighing the requested information and making the placement decision and is, therefore, the sending agency; most likely to be marked when two or more relatives have taken a dispute over custody into court and at least one of the disputing relatives is not a parent.

Protective Supervision: a legal status created by court order under which the child is permitted to remain in the child's home or is placed with a relative or other suitable person and the court, the department of human services or another agency designated by the court provides supervision and assistance.

Parental Rights Terminated-Right to Place for Adoption: the sending agency has accepted a voluntary relinquishment of parent rights and/or has completed court action terminating parental rights and now holds complete jurisdiction over the child with the right to place for adoption.

Unaccompanied Refugee Minor: this form is not used to report the initial placement into the United States but to request placement and services in a second state after a U.S. agency or court has been granted full legal responsibility (custody/guardianship). Mark this block only if that is the case; also mark the Sending Agency Custody/Guardianship block. If this is an Unaccompanied Refugee Minor whose status warrants the ICPC-100A's specific to those children (not the legal responsibility of a U.S. agency or court), do not use this form.

Other: legal status is not otherwise listed; e.g., legal action, such as a petition for custody/guardianship or to terminate parental rights, is pending; e.g., the child is the responsibility of the sending agency under a Voluntary Agreement with the parent or legally responsible relative and no court action has been taken or is pending to alter that family member's legal rights over the child.

Section III: SERVICES REQUESTED

Initial Report Requested: if the proposed placement is not for a group care placement and a current home study has not yet been received, mark the box for the appropriate type of home study needed based of the type of care indicated in Section II.

Supervisory Services Requested: place an X in one of the following boxes to indicate how Supervisory Services are to be conducted:

Request Receiving State to Arrange Supervision: mark this box if the sending agency cannot supervise and does not have a contractual or other agreement with a pre-determined agency to provide these services; it is usually the public social service agency which will be asked to provide supervision following an approved home study and subsequent placement.

Another Agency Agreed to Supervise: mark this box if the sending agency already has received the formal agreement of a pre-determined supervisory agency; most likely to be marked in agency adoptive placements where an agency in the receiving state already has provided an adoptive home study and will be providing ongoing services to the adoptive family. Do not mark this item simply because you know which county office of the public agency will receive this referral and might even have discussed the case over the telephone; that does not constitute an agreement to supervise.

Sending Agency to Supervise: mark this box if it is logistically feasible, it is the best case plan, and the receiving state has granted the sending agency permission (which may or may not include licensure) to provide services in its state.

Supervisory Reports Requested: to be completed even though placement may not be a certainty at this time. Indicate how frequently you wish to receive progress reports; most common is **Quarterly**. Be very discriminating in your use of **Upon Request** because that leaves the provision of supervision open-ended with no commitment to provide that service until you request it; use **Other** when you wish to receive reports in a less usual time frame, such as monthly or annually (specify the time frame).

Name and address of Supervising Agency in Receiving State:

If you know the name and address of the supervising agency, type that information onto the line so indicated. If not known by the sending agency, that information should be completed by the receiving state's Compact Office following receipt of a recommendation indicating that placement may be made.

Enclosed:

Indicate which items are enclosed:

Child's Social History: should accompany the majority of referrals; includes the pre-placement summary on adoption referrals and can be written with non-identifying information, if appropriate and preferred.

Home Study of Placement Resource: attach a current home study if one is not being requested; most likely to be marked if you already have an approved home study or the child is re-locating with foster parents and the foster home study is enclosed.

Court Order: all applicable court documents should be enclosed; e.g., custody/guardianship orders, surrenders, orders terminating parental rights, and orders requesting a home study for the court.

ICWA Enclosure: Obtain a letter from the child's Tribe showing that the child is a member or is eligible for membership.

Financial/Medical Plan: attach the plan of how the proposed placement will be funded and how the child/children's medical needs will be covered.

IV-E Eligibility Documentation: attach a copy of the determination of IV-E eligibility.

Other Enclosures: indicates other pertinent materials, such as psychological evaluations, permanency plan, medical reports and school reports; it is not necessary to itemize them on the form.

Signature of Sending Agency or Person:

The form should be signed and dated by anyone outside of the Compact Office who is completing the form; includes a person with this authority in the county social services agency, private agency or court and any private individual or family member who is legally responsible for the child (as indicated in Section I and Section II, Legal Status, above).

The ICPC-100A must be signed and dated by the Compact Administrator, Deputy or alternate in the sending state, if the regulations of the sending state provide for transmittal of the ICPC-100A through the sending State's Compact Office. This is almost always the case.

Section IV: ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III (d) of ICPC

This section is completed by the Compact Administrator, Deputy, or alternate in the receiving state. The designated person reviews the proposed placement and all required information and indicates whether the placement can or cannot lawfully be made. Remarks might include conditions or reservations to be noted or that an affirmative notice under Article III (d) is being given retroactively. The Compact Administrator, Deputy, or alternate then signs and dates the form.

DISTRIBUTION:

Self-explanatory.

Active Providers
Provider Type = 106 or 108
As of November 17, 2010

PROV NUM	PROV NAME	LICENSE NUM	IRS SSN	PROV TYPE CODE	PROV TYPE NAME	PROV SPEC CODE	PROV SPEC NAME	PV EFF DATE	PV END DATE	P CO NUM	P CO NAME	PROV ADD1	PROV ADD2
3404500	BRYNN MARR BEHAVIORAL HEALTHCARE		561317433	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	01-Oct-00	01-Jan-20	067	ON SLOW		192 VILLAGE DRIVE
3404503	ALEXANDER CHILDREN'S CENTER	MHL060059	560554413	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	01-Oct-00	01-Jan-20	060	MECKLENBURG		6220 THERMAL ROAD
3404504	YOUTH FOCUS INC	MHL041224	237378057	106	PRTF STATE OWNED	096	PSYCHIATRIC FACILITY	01-Dec-00	01-Jan-20	041	GUILFORD		1601 HUFFINE MILL ROAD
3404513	DOROTHEA DIX HOSPITAL		566000763	108	PRTF STATE OWNED	096	PSYCHIATRIC FACILITY	01-Aug-01	01-Jan-20	092	WAKE		820 S BOYLAN AVENUE
3404515	NATIONAL DEAF ACADEMY	8577	593653865	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	01-Dec-01	01-Jan-11	102	OUT-OF-STATE > 40 MILES		19650 US HIGHWAY 441
3404518	NEW HOPE CAROLINAS INC	RTF0021	571099555	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	07-May-03	01-Jan-20	101	OUT-OF-STATE <= 40 MILES		101 SEDGEWOOD DRIVE
3404520	OLD VINEYARD YOUTH SERVI	MHH0188	201943356	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	01-Jan-05	01-Jan-20	034	FORSYTH		3637 OLD VINEYARD ROAD
3404521	DEVEREUX GEORGIA TREATMENT	033305	231390618	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	09-Jun-05	01-Jan-20	102	OUT-OF-STATE > 40 MILES	NETWORK	1291 STANLEY ROAD NW
3404522	YAHWEH CENTER CHILDRENS VILLAGE	MHL065176	561566482	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	06-Dec-05	01-Jan-20	065	NEW HANOVER	PRTF	5103 LAMBS PATH WAY
3404523	ALEXANDER CHILDRENS CTR NISBET	MHL060970	560554413	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	01-Nov-05	01-Jan-20	060	MECKLENBURG		6220 C THERMAL ROAD
3404524	THE KEYS OF CAROLINA	MHL-060600	470886861	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	01-Jun-06	01-Jan-20	060	MECKLENBURG		1715 SHARON ROAD WEST
3404525	ALEXANDER CHILDREN'S CENTER	MHL060972	560554413	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	01-Aug-06	01-Jan-20	060	MECKLENBURG		6220B THERMAL ROAD
3404527	3 RIVERS RESIDENTIAL	RTC-018	570884924	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	01-Aug-06	01-Feb-11	102	OUT-OF-STATE > 40 MILES		200 ERMINE ROAD
3404528	REYNOLDS COTTAGE	MHL-011169	560611587	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	27-Sep-06	01-Jan-20	011	BUNCOMBE		2 COMPTON DRIVE
3404530	PALMETTO PINES BEHAVIORAL HEALTH	RTF 0017	570840074	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	17-Jan-07	01-Feb-11	102	OUT-OF-STATE > 40 MILES		225 MIDLAND PARKWAY
3404531	WILLIAMSON COTTAGE	MHL-060831	560547460	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	05-Feb-07	01-Jan-20	060	MECKLENBURG		6700 SAINT PETERS LANE
3404532	KENAN COTTAGE	MHL060828	560547460	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	05-Feb-07	01-Jan-20	060	MECKLENBURG		6736 SAINT PETERS LANE
3404533	SMITH COTTAGE	MHL-060829	560547460	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	05-Feb-07	01-Jan-20	060	MECKLENBURG		6725 SAINT PETERS LANE
3404534	CHRIST CHURCH COTTAGE	MHL-060830	560547460	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	05-Feb-07	01-Jan-20	060	MECKLENBURG		6722 SAINT PETERS LANE
3404536	ALEXANDER YOUTHNETWORK-OA KUNIT	MHL-060969	560554413	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	01-May-07	01-Jan-20	060	MECKLENBURG		6220-A THERMAL ROAD
3404537	LIONS COTTAGE	MHL-011262	560611587	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	25-Oct-07	01-Jan-20	011	BUNCOMBE		2 COMPTON DRIVE
3404538	SPRINGBROOK BEHAVIORAL HEALTHCAR	RTF-001	570693272	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	28-Mar-08	01-Jan-20	101	OUT-OF-STATE <= 40 MILES		ONE HAVENWOOD LANE
3404539	THE DEVEREUX FOUNDATION	3762	231390618	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	15-Jul-08	15-Jan-11	102	OUT-OF-STATE > 40 MILES		8000 DEVEREUX DRIVE
3404540	STRATEGIC BEHAVIORAL CENTER	MHL 010066	208405354	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	29-Oct-08	01-Jan-20	010	BRUNSWICK		2050 MERCANTILE DRIVE
3404541	EARL COTTAGE	MHL011301	560611587	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	24-Nov-08	01-Jan-20	011	BUNCOMBE		2 COMPTON DRIVE
3404542	THE HUGHES CENTER FOR	630140004	208711062	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	24-Nov-08	01-Jan-20	101	OUT-OF-STATE <= 40 MILES	EXCEPTIONAL CHILDREN	1601 FRANKLIN TURNPIKE
3404543	THE PINES RESIDENTIAL TREATMENT	90914003	541465094	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	25-Feb-09	01-Jan-20	101	OUT-OF-STATE <= 40 MILES	CENTER-CRAWFORD	825 CRAWFORD PARKWAY
3404544	THE PINES RESIDENTIAL TREATMENT	90914002	541465094	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	24-Feb-09	01-Jan-20	101	OUT-OF-STATE <= 40 MILES	CENTER - KEMPSVILLE	860 KEMPSVILLE ROAD
3404545	THE PINES RESIDENTIAL TREATMENT	90914001	541465094	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	24-Feb-09	01-Jan-20	101	OUT-OF-STATE <= 40 MILES	CENTER - BRIGHTON	1801 PORTSMOUTH BLVD
3404546	NORRIS ACADEMY	L000005787	364485853	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	01-Feb-09	01-Feb-11	102	OUT-OF-STATE > 40 MILES		17 RIDGEWAY ROAD
3404547	CALO CHANGE ACADEMY OF LAKE OF	002084177	263297560	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	01-May-09	17-Apr-11	102	OUT-OF-STATE > 40 MILES	THE OZARKS	130 CALO LANE
3404548	REUTER COTTAGE	MHL011203	560611587	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	11-Aug-09	01-Jan-20	011	BUNCOMBE		2 COMPTON DRIVE
3404550	PINEWOOD FACILITY		561542420	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	10-Jul-09	01-Jan-20	054	LENOIR		2002 A B SHACKLEFORD ROAD
3404551	OAKWOOD FACILITY	MHL 054126	561542420	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	10-Jul-09	01-Jan-20	054	LENOIR		2002 D E SHACKLEFORD ROAD
3404552	CUMMINGS COTTAGE	MHL 011204	560611587	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	13-Oct-09	01-Jan-20	011	BUNCOMBE		2 COMPTON DRIVE
3404554	BARIUM SPRINGS HOME FOR CHILDREN	MHL 049119	560529993	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	16-Oct-09	01-Jan-20	049	IREDELL		138 BARIUM SPRINGS DRIVE
3404555	ALEXANDER YOUTH NETWORK	060-1117	560554413	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	27-Oct-09	01-Jan-11	060	MECKLENBURG	ELM UNIT	6220 THERMAL ROAD
3404556	CORNERSTONE TREATMENT FACILITY	MHL004-016	261376847	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	15-Jan-10	01-Jan-20	004	ANSON	INC	129 WALLACE ROAD
3404557	PREMIER HEALTHCARE SERVICES INC		204272537	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	31-Jan-10	01-Jan-20	047	HOKE		1892 TURNPIKE ROAD
3404558	WALKERS GROUP HOME PRTF	MHL012117	770634787	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	09-Feb-10	01-Jan-20	012	BURKE		2130 HIGHWAY 18 US 64
3404559	HAMPTON PSYCHIATRIC RESIDENTIAL		570939531	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	01-Jan-10	01-Jan-20	101	OUT-OF-STATE <= 40 MILES	TREATMENT FACILITY PRTF	404 HAMPTON AVENUE
3404560	KEYSTONE MARION YOUTH CENTER		743108285	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	01-Nov-09	01-Jan-20	101	OUT-OF-STATE <= 40 MILES		225 STATE STREET
3404561	YAHWEH CENTER INC	MHL065208	561566482	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	24-Mar-10	01-Jan-20	065	NEW HANOVER		5107 LAMBS PATH WAY
3404562	ACADIA VILLAGE LLC		270788813	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	05-Nov-09	01-Jan-20	101	OUT-OF-STATE <= 40 MILES		2431 JONES BEND ROAD
3404563	VENICE PSYCHIATRIC RESIDENTIAL	RTF 002260	571105666	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	01-Jan-10	01-Jan-20	101	OUT-OF-STATE <= 40 MILES	TREATMENT FACILITY PRTF	3683 S INDUSTRIAL DRIVE
3404564	YORK PLACE EPISCOPAL CHURCH	RTF 003040	570314434	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	01-Mar-10	01-Jan-20	101	OUT-OF-STATE <= 40 MILES	HOME FOR CHILDREN	234 KINGS MOUNTAIN STREET
3404565	CORNERSTONE TREATMENT FACILITY	MHL 047131	261376847	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	01-Jun-10	01-Jan-20	047	HOKE	INC	1958 TURNPIKE ROAD
3404566	COOPER VILLAGE		470771330	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	02-Aug-10	02-Feb-11	102	OUT-OF-STATE > 40 MILES		8502 MORMAN BRIDGE ROAD
3404567	YORKE COTTAGE	060117106	560547460	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	20-Aug-10	01-Jan-20	060	MECKLENBURG	SUITE 100	6750 SAINT PETERS LANE
3404568	ALPHIN COTTAGE	060117206	560547460	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	20-Aug-10	01-Jan-20	060	MECKLENBURG	SUITE 400	6750 ST PETERS LANE
3404569	CORNERSTONE TREATMENT FACILITY	MHL7826012	272199032	108	PRTF NOT STATE OWNED	096	PSYCHIATRIC FACILITY	13-Aug-10	01-Jan-20	078	ROBESON	PROGRAM INC	703 B WEST 3RD AVENUE

Active Providers
Provider Type = 106 or 108
As of November 17, 2010

PROV CITY	PROV STATE	PROV ZIP	PROV PHONE	BILLING PROV NAME	BILLING PROV ADD1	BILLING PROV ADD2	BILLING PROV CITY	BILLING PROV STATE	BILLING PROV ZIP				
JACKSONVILLE	NC	285467238	9105771400	BRYNN MARR HOSPITAL		P O BOX 840822	DALLAS	TX	752840822				
CHARLOTTE	NC	282115630	7043668712	ALEXANDER CHILDREN'S CENTER		P O BOX 220632	CHARLOTTE	NC	282220632				
GREENSBORO	NC	274055509	3362745909	YOUTH FOCUS INC		715 N EUGENE STREET	GREENSBORO	NC	274011621				
RALEIGH	NC	276032176	9197335540	DOROTHEA DIX HOSPITAL		2021 MAIL SERVICE CENTER	RALEIGH	NC	276992021				
MT DORA	FL	327576959	3527359500	NATIONAL DEAF ACADEMY LLC		19650 US HIGHWAY 441	MT DORA	FL	327576959				
ROCK HILL	SC	297322315	8005202810	NEW HOPE CAROLINAS INC	SUITE 200	7515 NORTHSIDE DRIVE	NORTH CHARLESTON	SC	294204283				
WINSTON SALEM	NC	271044842	3367943550	KEYSTONE WSNC LLC		3637 OLD VINEYARD ROAD	WINSTON SALEM	NC	271044842				
KENNESAW	GA	301524359	7704270147	THE DEVEREUX FOUNDATION INC		PO BOX 8538-122	PHILADELPHIA	PA	191710000				
CASTLE HAYNE	NC	284296315	9106753533	YAHWEH CENTER CHILDRENS VILLAGE		PO BOX 10399	WILMINGTON	NC	284040399				
CHARLOTTE	NC	282115630	7043668712	ALEXANDER CHILDRENS CTR NISBET		PO BOX 220632	CHARLOTTE	NC	282220632				
CHARLOTTE	NC	282105663	7045544900	THE KEYS OF CAROLINA		P.O. BOX 102550	ATLANTA	GA	303682550				
CHARLOTTE	NC	282115630	7043668712	ALEXANDER CHILDREN'S CENTER		PO BOX 220632	CHARLOTTE	NC	282220632				
WEST COLUMBIA	SC	291702024	8037919918	3 RIVERS RESIDENTIAL		P.O. BOX 840856	DALLAS	TX	752840856				
ASHEVILLE	NC	288062054	8282545356	REYNOLDS COTTAGE		PO BOX 16708	ASHEVILLE	NC	288160708				
SUMMERVILLE	SC	294858104	8438515015	ABS LINGS SC, INC.		PO BOX 840851	DALLAS	TX	752840851				
MATTHEWS	NC	281058458	7045360375	THOMPSON CHILD & FAMILY		6800 SAINT PETERS LANE	MATTHEW	NC	281058458				
MATTHEWS	NC	281058458	7045360375	THOMPSON CHILD & FA		6800 SAINT PETERS LANE	MATTHEWS	NC	281058458				
MATTHEWS	NC	281058458	7045360375	THOMPSON CHILD AND FAMILY FOCUS		6800 SAINT PETERS LANE	MATTHEWS	NC	281058458				
MATTHEWS	NC	281058458	7045360375	THOMPSON CHILD AND FAMILY FOCUS		6800 SAINT PETERS LANE	MATTHEWS	NC	281058458				
CHARLOTTE	NC	282115630	7043668712	ALEXANDER YOUTHNETWORK-OA KUNIT		PO BOX 220632	CHARLOTTE	NC	282220632				
ASHEVILLE	NC	288062054	8282545356	ELIADA HOMES, INC.		P.O. BOX 16708	ASHEVILLE	NC	288160708				
TRAVELERS REST	SC	296909447	8648348013	CHESTNUT HILL MENTAL HEALTH CENT		P.O. BOX 1005	TRAVELERS REST	SC	296901005				
VERA	FL	329407907	3212429100	THE DEVEREUX FOUNDATION	SUITE 400	5850 T G LEE BOULEVARD	ORLANDO	FL	328224409				
LELAND	NC	284518061	9103712500	SBH WILMINGTON LLC		2050 MERCANTILE DRIVE	LELAND	NC	284518061				
ASHEVILLE	NC	288062054	8282545356	ELIADA HOMES INC		PO BOX 16708	ASHEVILLE	NC	288160708				
DANVILLE	VA	245401031	4348368500	HUGHES CENTER LLC		1601 FRANKLIN TURNPIKE	DANVILLE	VA	245401031				
PORTSMOUTH	VA	237042301	7573930061	THE PINES RESIDENTIAL TREATMENT	CENTER	825 CRAWFORD PARKWAY	PORTSMOUTH	VA	237042301				
NORFOLK	VA	235023920	7574614565	THE PINES RESIDENTIAL TREATMENT	CENTER	825 CRAWFORD PARKWAY	PORTSMOUTH	VA	237042301				
PORTSMOUTH	VA	237046323	7573980337	THE PINES RESIDENTIAL TREATMENT	CENTER	825 CRAWFORD PARKWAY	PORTSMOUTH	VA	237042301				
NORRIS	TN	378281647	5126076180	NORRIS ACADEMY		4207 HIGHWAY 290 EAST	DRIPPING SPRING	TX	786204206				
LAKE OZARK	MO	650499208	8664591362	CALO CHANGE ACADEMY OF LAKE OF	THE OZARKS	130 CALO LANE	LAKE OZARK	MO	650499208				
ASHEVILLE	NC	288062054	8282545356	REUTER COTTAGE		PO BOX 16708	ASHEVILLE	NC	288160708				
KINSTON	NC	285047476	9197358887	PINEWOOD FACILITY		P O BOX 2277	KINSTON	NC	285022277				
KINSTON	NC	285047476	9197358887	OAKWOOD FACILITY		P O BOX 2277	KINSTON	NC	285022277				
ASHEVILLE	NC	288062054	8282545356	ELIADA HOMES INC		P O BOX 16708	ASHEVILLE	NC	288160708				
STATESVILLE	NC	286776238	7048731011	BARIUM SPRINGS HOME FOR CHILDREN		P O BOX 1	BARIUM SPRINGS	NC	280100001				
CHARLOTTE	NC	282115630	7043668712	ALEXANDER YOUTH NETWORK		P O BOX 220632	CHARLOTTE	NC	282220632				
WADESBORO	NC	281702434	9107330617	CORNERSTONE TREATMENT FACILITY	INC	1125 PONY DRIVE	HOPE MILLS	NC	283489159				
RAEFORD	NC	283768520		PREMIER HEALTHCARE SERVICES INC		1125 PONY DRIVE	HOPE MILLS	NC	283489159				
MORGANTON	NC	286559373	2524326308	WALKERS GROUP HOME PRTF		10825 EMERALD WOOD DRIVE	HUNTERSVILLE	NC	280782431				
PICKENS	SC	296712608	8648367220	HAMPTON PSYCHIATRIC RESIDENTIAL		P O BOX 968	TRAVELERS REST	SC	296900968	low IQ/agression/sexualized behaviors			
MARION	VA	243543127	2767821990	KEYSTONE MARION YOUTH CENTER		225 STATE STREET	MARION	VA	243543127				
CASTLE HAYNE	NC	284290000	9106753533	YAHWEH CENTER INC		PO BOX 10399	WILMINGTON	NC	284040399				
LOUISVILLE	TN	377775216	8659701286	ACADIA VILLAGE LLC		2431 JONES BEND ROAD	LOUISVILLE	TN	277775216				
SIMPSONVILLE	SC	286813238	8648367220	VENICE PSYCHIATRIC RESIDENTIAL	TREATMENT FACILITY PRTF	P O BOX 968	TRAVELERS REST	SC	296900968	low IQ/agression/sexualized behaviors			
YORK	SC	297451131	8036844011	YORK PLACE EPISCOPAL CHURCH	HOME FOR CHILDREN	234 KINGS MOUNTAIN STREET	YORK	SC	297451131				
RAEFORD	NC	283768520	9107330617	CORNERSTONE TREATMENT FACILITY	INC	1125 PONY DRIVE	HOPE MILLS	NC	283489159				
OMAHA	NE	681521929	4024571310	COOPER VILLAGE		10625 CALHOUN ROAD	OMAHA	NE	681120034				
MATTHEWS	NC	281058458	7046444347	YORKE COTTAGE		6800 ST PETERS LANE	MATTHEWS	NC	281058458				
MATTHEWS	NC	281058458	7046444347	ALPHIN COTTAGE		6800 ST PETERS LANE	MATTHEWS	NC	281058458				
RED SPRINGS	NC	283771524	9197769522	CORNERSTONE TREATMENT FACILITY	PROGRAM INC	1125 PONY DRIVE	HOPE MILLS	NC	283489159				



2011 Annual Conference Exhibitor and Advertising Prospectus

March 18-19, 2011

Hilton University Place Hotel, Charlotte, NC

The Autism Society of North Carolina Annual Conference provides an opportunity for you to showcase your company, agency, or services. We welcome exhibitors and advertisers who provide programs, products and services which inform, help and support individuals living with autism as well as family members, teachers, caregivers, educators, therapists and other professionals. We anticipate conference attendance on Friday and Saturday to be over 400 people.

We are seeking exhibitors and advertisers in the following areas:

- | | |
|--|--|
| Communication | Schools and educational facilities |
| Computer software for students with autism | Educational and treatment materials |
| Games or toys for special needs children | Diet plans and foods |
| Homeopathic treatments | Supplements and vitamins |
| Speech and hearing | Employment assistance |
| Employment training and assistance | Insurance, financial and estate planning |
| Sensory items | Occupational therapy |
| Residential options | Adult care issues |
| Service Providers | |

EXHIBITOR SCHEDULE

Set up:	Friday, March 18	12:00 p.m.
Exhibits open:	Friday, March 18	3:00 p.m. – 10:00 p.m.
	Saturday, March 19	7:30 a.m. – 4:45 p.m.

EXHIBITOR FEES & SPACE

Exhibitor registration fees include access to the Friday evening reception and Saturday lunch. There is a maximum of two people per booth.

Exhibit space includes a 6' table, skirt, two (2) chairs, and signage to fit on the front of the table. In addition, there will be a listing with a brief description of your company in our conference program.

For-profit companies: \$450, 1 table

Non-profit organizations: \$250, 1 table

Electrical service is available for purchase through the hotel. The fee for electrical service is \$25/day and includes an extension cord and power strip.

The Autism Society of North Carolina Annual Conference also provides a variety of advertising opportunities that provide exposure for your products and services. The following is a list of available opportunities.

ADVERTISING

All conference attendees will receive a program for the event and a conference tote bag. The following opportunities are available for businesses, individuals and non-profits to gain additional visibility with our attendees.

<u>Opportunity (quantity available)</u>	<u>Dimensions</u>	<u>Price</u>
Tote Bag Sponsor (1):	8" x 5"	\$800
Back cover—full page (1):	7.5" x 10"	\$600
Inside back cover (1):	7.5" x 10"	\$500
Full Page:	7.5" x 10"	\$400
Half page, horizontal:	7.5" x 5"	\$300
Business card ad, horizontal:		\$100

Literature inserts: Flyers, brochures or promotional items—NO CATALOGS/MAGAZINES

Exhibitors:	\$100
Non-exhibitors:	\$200

Ad Submission: black and white ad designs can be submitted in one of the following file formats:

- .tiff
- .EPS
- Illustrator

Send files to Brooke Tonkin at editor@autismsociety-nc.org or a hard copy by mail to:
ASNC, Attn: Conference Ad, 505 Oberlin Road, Suite 230, Raleigh, NC 27605-1345

Ads must be received by February 25, 2011. Inserts must be received by March 11, 2011.

If you would like information about other conference advertising or sponsorship options, please contact David Laxton at dlaxton@autismsociety-nc.org or by telephone at 800-442-2762, extension 1111.



EXHIBITOR AND ADVERTISING REGISTRATION

AUTISM SOCIETY OF NORTH CAROLINA CONFERENCE
 Hilton University Place Hotel, Charlotte
 March 18-19, 2011

COMPANY INFORMATION:

Company: _____

Point of Contact: _____

Booth Representatives (2 max): 1. _____

2. _____

Lunch Choice: (Indicate # of each, no more than two total)

_____ Non-Vegetarian Dish _____ Vegetarian Dish

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email (required) _____

Web address: _____

Please give us a brief description about your company/organization for our program: _____

Exhibit Registration Requests: Please check

Exhibitor Space	Cost		Advertising	Cost
For profit companies	\$450 1 table		Tote Bag – Full Side 8 x 5	\$800
Non-profit organizations	\$250 1 table		Back cover--full page 7.5 x 10	\$600
Electrical Hook Up Needed?			Inside back cover 7.5 x 10	\$500
			Full page, 7.5 x 10	\$400
Early Bird Discount	(\$25.00)		Half page, horizontal 7.5 x 5	\$300
(Postmarked by 1/14/2011)			Business card ad, horizontal	\$100
			Literature inserts:	
			Exhibitors	\$100
			Non exhibitors	\$200
Exhibitor Total				Advertising Total

Total Exhibit/Advertising Fee(s) Due \$ _____
 (payable with application)



EXHIBITOR AND ADVERTISING PAYMENT

AUTISM SOCIETY OF NORTH CAROLINA CONFERENCE
Hilton University Place, Charlotte
March 18-19, 2011

PAYMENT FOR SPACE AND ADVERTISING

Method of Payment _____ Credit Card _____ Check

Credit Card Type: _____ Visa _____ MasterCard _____ AmEx _____ Discover

Credit Card Number _____

Exp. Date _____ 3 or 4 Digit pin # _____

Card Holder Name _____

Signature _____

Check Number _____
(Make check payable to Autism Society of North Carolina)

Send registration and payment forms along with payment to:

Autism Society of North Carolina
2011 Annual Conference
505 Oberlin Road
Suite 230
Raleigh, NC 27605

For questions, please contact David Laxton at dlaxton@autismsociety-nc.org or 800-442-2762, extension 1111.

SHIPPING & CANCELLATION INFORMATION

Exhibitor materials may be shipped to the Hilton University Place Hotel via UPS or FedEx to arrive on March 17. Additional details will be sent to confirmed exhibitors

Cancellations made before February 10 will receive a 50% refund. Cancellations made after February 10 will not receive a refund.

SAVE THE DATE!



**Providers!
Families!
Youth!
Agencies!**

Come learn all about our community's System of Care in a fun, educational atmosphere.

- Community Resources
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- Natural and Informal Supports
- System of Care Coaching
- Case Consultation
- Family Supports and ParentVOICE

MECKCARES

Cordially Invites You to Our

System of Care OPEN HOUSE

THURSDAY, FEBRUARY 24

3:00 P.M. TO 5:00 P.M.

**SOUTHVIEW RECREATION CENTER-GYM
1720 VILMA STREET**

For any questions or to R.S.V.P.
Contact Francesca Morgan at
Francesca.Morgan@MecklenburgCountyILC.gov
call (704) 432-4592

**Provider agencies wishing to distribute materials, please contact Angie Traylor at 704-336-4757.*

FUN!

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**RESOURCES &
INFORMATION!**

GIVEAWAYS!