



Registration

CURRENT TOPICS IN AUTISM

March 13 & 14, 2019

Name:		Middle Name:	Last Name:	
Home Address:			City:	
State:	Zip:	Home Phone (w/area code):	Cell Phone (w/area code):	
Place of Employment:				
Address:			City:	
State:	Zip:	Work Phone (w/area code):	Fax Number (w/area code):	
Personal E-mail:		Work E-mail:		
Highest Degree:		Name of Institution:		
Current Position:		Number of years in this position:		
Name of School:		Name of School District:		
Type of program:		Number of clients/students in your program:		
Age range:		Range of ability: (mild/mod/severe):		
Number of students with autism:		Number of non-verbal students:		
How did you learn about this training program?				
Please list your previous Structured Teaching training (including dates and locations if available):				

PAYMENT OPTIONS:

- Credit Card (Visa, MasterCard only): **Visa** _____ **MasterCard** _____ Exp date: _____
 Name on Card: _____ Card # _____ Sec.Code: _____
- Check this line if you are enclosing a **check** (payable to **HAVE DREAMS**): _____
- Check this line if you are paying by **Purchase Order** (fax/mail hard copy): # _____

****NO REFUND FOR CANCELLATIONS RECEIVED 5 WORKING DAYS OR LESS PRIOR TO FIRST DAY OF TRAINING**

REGISTER NOW!

Admission is on a first-come, first-served basis (40 maximum)

\$350 per person (Lunch included each day)

To register by e-mail, attach this document (*please indicate payment method*) and email to:

lwissing@havedreams.org

To register via **fax**, return this document (*please indicate payment method*) to **847-685-0257, Attn: Lydia**

To register via U.S. mail, return this document with payment (check payable to **HAVE DREAMS**, P.O. or credit card information) to:

HAVE Dreams

515 Busse Highway, Suite 150

Park Ridge, 60068

Attn: Lydia Wissing

Phone: 847-685-0250 Ext 111