

**REGISTRATION  
DEVELOPING SOCIAL SKILLS IN CHILDREN  
AND ADOLESCENTS WITH AUTISM**

Asheville, NC

Thursday, February 18, 2010

1. Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
street city state zip

Place of Employment: \_\_\_\_\_

Work Address \_\_\_\_\_  
street city state zip

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

2. What is your current professional position (teacher, speech, assistant teacher, etc.)?  
\_\_\_\_\_

How long have you been in your present position? \_\_\_\_\_

3. Type(s) of handicap(s) in your program: \_\_\_\_\_

Number of autistic or similar children in your program: \_\_\_\_\_

Total number of children in your program: \_\_\_\_\_

Age Range: \_\_\_\_\_

4. Type of class (resource, fully included, self-contained)? \_\_\_\_\_

Registration Fee: **Total \$70.00** for In State Professionals  
**Total \$130.00** for Out of State Professionals  
**Total \$30.00** for NC Parents

**(NO REFUND UNLESS CANCELLATION IS MADE THREE (3) WORKING DAYS IN ADVANCE)**

Please return this form by **February 18, 2010**

Margie Catalano

Asheville TEACCH Center

162 Coxe Ave., Suite 200

Asheville, NC 28801

Telephone: 828-251-6319x210

Notification of acceptance to this training will be made **as soon as registration form is received.**