

**REGISTRATION**  
**Social Stories™ One Day Workshop**  
Asheville, NC  
Friday, April 23, 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: **\$ 130.00 Out of State Professionals**  
**\$ 70.00 In State Professionals**  
**\$ 30.00 NC Parents**

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

Please return this form by **April 12, 2010**

Margie Catalano  
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Telephone: 828-251-6319x210  
Fax: 828-251-6358

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