

REGISTRATION
TRAINING FOR PROFESSIONALS WORKING WITH AUTISTIC CHILDREN

5-Day Training in Asheville, NC
Preschool – Early Elementary Students with Autism
July 12-16, 19-23, 26-30, 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)? _____

Please attach an additional sheet with an essay stating why you wish to attend this training. Include things that you believe you can learn from training, your strengths, weaknesses, and particular needs. Applications must have this essay to be complete.

Preferred Dates for Training: Please check the training session you wish to attend. If available for more than one, indicate priority.

_____ July 12-16, 2010

_____ July 19-23, 2010

_____ July 26-30, 2010

Registration Fee: **\$1250.00 Out of State Professionals**

\$ 625.00 In State Professionals

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

Please return this form by **June 28, 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.**