

REGISTRATION
Social Stories™ One Day Workshop
Asheville, NC
Thursday, November 12, 2009

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 **November 1, 2009**

Margie Catalano
Asheville TEACCH Center
162 Coxe Ave., Suite 200
Asheville, NC 28801
Telephone: 828-251-6319x210
Fax: 828-251-6358

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