



2009 UW Autism Center Summer Workshop Series REGISTRATION FORM

I would like to attend the following workshop(s):

- A. Classroom, Clinic, and In-Home Interventions for Children and Adolescents with ASDs, \$500
- B. School Psychologists and Autism: Identification of and Recommendations for Students with ASDs, \$100
- C. Speech-Language Pathology & ASDs: From Early Communicators to Adolescents, \$100
- D. OT & Children with ASDs: Classroom- and Clinic-Based Assessment and Intervention Strategies, \$100
- E. Therapeutic Interventions for High-Functioning Children and Adolescents with ASDs, \$100
- F. Applied Behavior Analysis and Early Intervention, \$100



Name(s) _____

Organization _____

Parent Educator Student SLP OT Psychologist Other _____

Address _____

Phone _____

Email _____

I prefer to receive my registration confirmation and materials via **email** **postal mail**

VISA MasterCard _____ - _____ - _____ - _____ Exp. date ____/____/____

Total amount \$ _____

Name on card _____

Signature _____

Discounts: Register 5 people from the same organization, and the 6th person is **free!**
Or register for any of the workshops by June 1st and receive a 10% discount off your total tuition fee.

Cancellation policy: Full refund if notified by 6/15/09, 50% refund if notified by 6/30/09, and no refund if notified after 6/30/09.

Please return registration form and payment to

UW Autism Center, Attn: Heather McConaghy Box 357920 Seattle, WA 98195
hmcc@u.washington.edu ~ 206-616-8642(ph) ~ 206-598-7815(fax)