

## REGISTRATION FORM

### Educating Children with Autism Spectrum Disorders: from Theory to Practice

Payment must accompany each registration. Please complete one registration form per person. Photocopied forms for additional registrants will be accepted.

Name \_\_\_\_\_  
Agency/Organization \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_  
Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email \_\_\_\_\_ (for confirmation only)

		Parent	Professional
Cost : February 18, 2009	[ ]	\$20.00	\$30.00
February 19, 2009	[ ]	\$20.00	\$30.00
February 20, 2009	[ ]	\$20.00	\$30.00
All 3 days	[ ]	\$50.00	\$75.00

Method of Payment : [ ] Cheque (payable to Children's Hospital of Eastern Ontario)  
[ ] Money Order (payable to Children's Hospital of Eastern Ontario)

**NOTE: Registration forms received without payment cannot be processed.**

Registration forms should be mailed to:

Melany Gagné  
Autism Spectrum Program – Eastern Ontario  
1661 Montreal Road  
Ottawa, Ontario K1J 9B7

**Simultaneous Translation will be provided**

**REGISTRATION DEADLINE: January 30, 2009**

To ensure availability register early, as space is limited

**Cancellation Policy:** Notice of cancellation must be given 15 days prior to the date of the workshop. A 50% administrative fee will apply to all refunds. Registrants who fail to attend the workshop or cancel after the 15 day deadline will not be reimbursed for the cost of the workshop. Substitutions are welcome.

**Confirmation:** You will receive confirmation of registration via email once your registration forms and payment have been processed. **Please ensure that you supply an email address on the registration form.**