Registration Form/TRANSITION Living Successful Lives with Autism and Developing Personal Relationships

(Please write clearly and complete for each person attending a workshop)

Name:		Email:		
Home Address:				
Home phone:	Work/Cell:		Fa	ax:
School/Organization Repre	esenting:			
Please Check All Appropri	iate Descriptions:	_ Parent _	Teacher	Other
Location: Holiday Inn, 90 Telephone: 540-552-7	-	•		ore November 20 2010)
FEES: - \$60.00 per perso	on. Morning coffee	and Lunch	are included.	
Dates: December 9 th 2010 8:30 am and will end by 4 SPACE IS LIMITED SO November 29th , 2010.	:30 pm. <i>THERE WI</i>	LL BE NO	ON-SITE RE	EGISTRATIONS —
Total amount due: \$	Enclosed is	a check.		
MasterCard/Visa (circle or Expiration Date (mm/yy) _ Card Holder's Name Registration for this train space limitations, the foll Reservations Reservations cannot be n schools and agencies. Please Cancellation The following policies appurchase orders: 50% refund if cancelled lafter November 20th . In to another person will be For Mailing – FAXing –	Billing Zip ning is on a first con owing reservation a nade without payme ease send them no la ply to registrations by November 15th. a extenuating circum allowed.	me-first serand cancellatent. We do nter than the secured by No refundnstances, tr	ved basis. Spation policies accept Purche November cash, check, available for ansfer of the	pace is limited. Due to are in effect: nase Orders from 20 th deadline. credit card, and registrations cancelled training registration
Return this form to:	Make all checks Roxana Hartma A Live Controve 404 Clairmont I Blacksburg, Vir Fax: 1-888-200- For Aditional inf.	or Purchas nn ersy Drive ginia 24060 4241.	se orders to:	Iroxproducts