

Registration

TAP I.I BASIC ELEMENTS OF STRUCTURED TEACHING

WINTER/SPRING 2010

****Check your 1st, 2nd, 3rd, 4th & 5th Location Choice****

Springfield _____ **Rockford** _____ **Des Plaines** _____ **Glen Ellyn** _____ **Rantoul** _____
 (March 2 & 3) (April 5 & 6) (April 14 & 15) (April 19 & 20) (May 17 & 18)

Name		Gender (M/F)	Date of Birth (mm/dd/yyyy)	
Home Address:			City:	
State:	Zip:	Home Phone (w/area code)		Cell Phone (w/area code)
Place of Employment:				
Address:			City:	
State:	Zip:	Work Phone (w/area code)		Fax Number (w/area code)
Personal Email:		Work Email:		
Highest Degree:		Name of Institution:		
Current Position:		Number of years in this position:		
Name of School:		Name of School District:		
Type of program:		Number of students in your program:		
Age range:		Range of ability: (mild/mod/severe):		
Number of students with autism:		Number of non-verbal students:		
Will you require any special assistance or accommodations or diet during training? If yes, please specify.				
How did you learn about this training program?				
Please list your previous TEACCH-based training (including dates and locations)				

PAYMENT OPTIONS:

YES, \$25 FOR "UNDERSTANDING AUTISM" FLASHDRIVE IS INCLUDED IN PAYMENT FOR A TOTAL OF \$275

- Credit Card (visa, MasterCard only), check one: Visa _____ MasterCard _____
 Name on Card _____ Card # _____ Exp. Date _____
- Check this line if you are enclosing a **check** (payable to **Have Dreams**): _____
- Check this line if you are paying by **Purchase Order**: # _____

!! REGISTER NOW !!

**Admission is on a first-come, first-served basis (Maximum 50).
 \$250 PER PERSON (Out of State \$450 per person) includes box lunch each day**

To register by email, attach this document, indicating method of payment, to: lydiawissing@aol.com
 To register by fax, return this document indicating method of payment to: 847-685-0257, Attn: Lydia
 To register by U.S. mail, return this document with payment or P.O. to:

Have Dreams,
 515 Busse Highway
 Park Ridge, IL 60068
 Attn: Lydia Wissing
 Phone: 847-685-0250 Ext. 111