

Autism Atlantic Summer Learning Opportunity 2014

Deadline: August 1, 2014

- Please make cheque or money order payable to Autism Atlantic Consulting Services.
- Please forward completed registration form by email to autismatlantic@gmail.com or by mail to the specific address below.

I would like to attend

☐ Autism and the Elementary Years

- Date: August 11–15, 2014
- Location: NSCC, Waterfront Campus, 80 Mawiomi Place, Dartmouth
- Registration Fee: \$575
- Student / Substitute Teacher Fee: \$430

Please forward payment for this workshop to
Kym Hume
Autism Atlantic Consulting Services
27 Pond Drive, RR 3, Middleton, NS
B0S 1P0

☐ Autism at the Secondary Level

- Date: August 11–13, 2014
- Location: NSCC, Waterfront Campus, 80 Mawiomi Place, Dartmouth
- Registration Fee: \$350
- Student / Substitute Teacher Fee: \$275

Please forward payment for this workshop to
Yvonne Rafuse
78 Rafuse Point Road
Pleasantville, NS B0R 1G0

You will receive email confirmation that there is a space being held for you. To guarantee your space, payment in full must be sent no later than July 30, 2014.

Your receipt will be included in your participant's package.

Cancellation Policy: Refunds will be processed only if cancellation is received by July 30, 2014. A \$25 cancellation fee per registrant will be deducted from the refund. After that date, you will receive 50% of your fee, unless the seat can be filled.

Name: _____

School: _____ School Board: _____

Address: _____

Phone: (h) _____ (c) _____ Email: _____

Affiliation: • Classroom Teacher _____ • Resource/Learning Centre Teacher _____

• Other Professional (please specify) _____

Grade Level: _____ Subject(s) Taught: _____

How long have you been in your present position? _____

Do you have prior training working with individuals with autism? (Please specify) _____

If you require any special assistance or have food allergies, please specify your needs. _____

OFFICE USE ONLY: Participant number: _____ Confirmation sent: _____ Payment received: _____