



Please mail registration and payment to:

Autistic Services, Inc.
 Attn: Autism Center for Learning
 4444 Bryant Stratton Way
 Williamsville, NY 14221

**N.Y. S. Office of Teaching Approved Coursework/
 Training in the Needs of Students with Autism
 2012 Training Schedule & Registration Form**

We are pleased to announce that Autistic Services, Inc. is now a NYSED approved provider of training in the needs of students with autism. Effective with applications submitted after September 1, 2009, all candidates for a Classroom Teaching certificate in all areas of Special Education are required to complete coursework or training from a State Education Department approved provider of such training. To see if your certification title requires this three hour course, please visit the New York State Office of Teaching website at [www.http://www.highered.nysed.gov/tcert/autism.html](http://www.highered.nysed.gov/tcert/autism.html).

Training Dates (Please place an "X" next to the training you wish to attend):

Select One	Date	Time	Registration Deadline
	Saturday, March 3, 2012	10:00 a.m.-1:00 p.m.	Friday, February 24, 2012
	Tuesday, June 5, 2012	6:00 p.m.-9:00 p.m.	Friday, May 25, 2012
	Tuesday, August 21, 2012	9:30 a.m.-12:30 p.m.	Friday, August 10, 2012

Name: _____

Home Address: _____

Daytime Phone: (_____) _____ Home Phone: (_____) _____

Place of Employment: _____

Address: _____

Preferred E-Mail Address: _____

All trainings will be held at our main location at 4444 Bryant Stratton Way, Williamsville, NY 14221. Please include a check or money order (U.S. funds only) in the amount of \$50.00 made payable to **Autistic Services, Inc.** **Payment must be included with your registration form. You must be pre-registered to attend the course. Please note that there will be no refunds after the registration deadline.** Please call (716) 631-5777, ext. 363 with any questions.

COURSE CANCELLATION

Autistic Services, Inc. reserves the right to cancel a course if the minimum enrollment is not reached, and provide those registered with a full refund.

RETURN CHECK POLICY

Autistic Services, Inc. will assess a \$20.00 fee for returned checks.

For Business Office Use Only. Please do not write in this area.

Check # _____ Date: _____ Initials: _____