



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
 2010 Training Schedule & Registration Form**

We are pleased to announce that Autistic Services, Inc. is now an NYSED approved provider of training in the needs of students with autism. As you know, special education teachers seeking certification and school administrators working with the special education population are required to receive at least three hours of training in the needs of students with autism.

We are excited to share our unique and extensive experience by offering training to education professionals throughout the year.

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

Please Select One	Date	Time	Registration Deadline
	June 7, 2010	6:00 p.m.-9:00 p.m.	May 31, 2010
	August 23, 2010	9:30 a.m.-12:30 p.m.	August 16, 2010
	October 4, 2010	6:00 p.m.- 9:00 p.m.	September 27, 2010

Name: _____

Home Address: _____

Daytime Phone: (_____) _____

Place of Employment: _____

Address: _____

Work Phone: (_____) _____

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 in the amount of \$50.00 made payable to **Autistic Services, Inc.** Payment must be included with your registration form. 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: _____