

# Autism-Montessori Approaches in the Home: 32-hour Course

*Brought to you by*

*Monocacy Montessori Communities, Inc.*

## REGISTRATION FORM for September 12 – 15<sup>th</sup>, 2008

Name \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Check box for:

- Parent /Caregiver/Home Educator/Advocate
- Montessori Teacher/Teaching Asst/Shadow/SEIA
- Teacher / Special Education Teacher
- ASD Professional / Trainee (OT, PT, ST, NeuroPsych)
- Teacher Education Faculty / Education Students

**School or Program Affiliation:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Public or Private School: \_\_\_\_\_

Registration Fee is \$150 for entire 4-day course, or \$40/person/day.

**NOTE: REGISTRATION FEES ARE NON-REFUNDABLE.**

### CREDIT CARD INFORMATION:

Name as it appears on the card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Card:  VISA

Mastercard

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount charged: \$ \_\_\_\_\_

Signature \_\_\_\_\_

*A limited number of Scholarships will be available to those without institutional support who have financial need. Contact [Catherine.Nehring@verizon.net](mailto:Catherine.Nehring@verizon.net) for Scholarship information.*

PLEASE PRINT THIS REGISTRATION FORM, FILL IT OUT WITH YOUR CREDIT CARD INFORMATION INCLUDED TO **MMCI** TO PAY FOR YOUR REGISTRATION FEES AND MAIL IT TO:

MMCI c/o Autism Course  
217 Dill Avenue  
Frederick, MD 21701-4905

Spaces for this Course are limited, so please register immediately! If we have reached capacity, we will email you and your credit card will not be charged.