

Name: _____
Company: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
Age(s) of your child, if you are a parent: _____
Age range of children you serve , if you are a professional: _____

Additional Participants

Name: _____
Company: _____
Address: _____
Phone: _____
Email: _____
Name: _____
Company: _____
Address: _____
Phone: _____
Email: _____

Registration Status

<input type="checkbox"/> Seminar on Autism and Treatment – July 23 rd 6:30 – 8:30 p.m. at the Alta Vista Center (FREE)
<input type="checkbox"/> Seminar on Autism and Treatment – August 27 th 6:30 – 8:30 p.m. at the Alta Vista Center (FREE)
<input type="checkbox"/> Workshop on Creating & Implementing Activity Schedules Sept. 9, 16, 23, 30 6:30 – 8: 30 p.m. at AVCA
<input type="checkbox"/> Workshop on Tackling Challenging Behaviors Oct. 28, Nov. 5, 11, 18 6:30 – 8: 30 p.m. at AVCA
<input type="checkbox"/> Workshop on Creating Home-Based Routines Feb. 3, 10, 17, 24 6:30 – 8: 30 p.m. at AVCA
Cost: \$175 per person, per workshop. Limited to 8 participants per workshop.

Alta Vista Center for Autism

Workshop and Seminar Registration Form

Payment Option

Page 2 of 2

I will pay by check (\$175 per participant, per workshop)

Mail to:
Alta Vista Center for Autism
2695 S. Jersey St., Denver, CO 80222

I will pay online (\$175 per participant, per workshop)

Safe and secure online payments using MasterCard, Visa, American Express, or Discover are available through PayPal by clicking [HERE](#).

Registration form and payment due One Week Prior to Event

For further details: Call 303-759-1192 ext 21 or email: mkozlowski@altavista-autism.org