



Training Registration Form

- Parent 2 Parent A Starting Point Introduction to Social Thinking
 ASpire Learning Styles with Visual Strategies

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Telephone: _____

Parent: CEDARR: yes: Agency _____ Coordinator: _____
no

Professional: CEU's requested MSW's requested

Method of Payment: Check enclosed PO #: _____

Visa/MC/DS #: _____ Expires: _____

Walk Challenge winner, School or Team _____

Signature: _____ Date reserved _____

Please refer to our website or call for class schedules, prices & CEU information.

www.theautismproject.org

401-785-2666

Please return to:
The Autism Project
1516 Atwood Avenue
Johnston, RI 02919