



## 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](http://www.theautismproject.org)

401-785-2666

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