

**Curricular Adaptations & Play-Based Behavioral Interventions
for Children on the Autism Spectrum**

Sacramento, CA ♦ Jan. 31 - Feb. 1, 2008

Doubletree Hotel Sacramento

No reservations. Payment or purchase order must accompany registration.

Name: _____ Work: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone (h): _____ Phone (w): _____

Fax: _____ Email: _____

Confirmations will be sent by email.

Please check one:

(Parents must have a child on the autism spectrum)

___ Professional, Jan 31-Feb 1: \$250

___ Parent, Jan 31-Feb 1: \$160

___ Professional, Jan 31: \$175

___ Parent, Jan 31: \$95

___ Professional, Feb 1: \$175

___ Parent, Feb 1: \$95

If you are a parent with a child on the autism spectrum AND a professional, please check "professional" if your workplace is paying for you, or if you are getting reimbursed for the conference. We keep the parent fee at a discounted rate for those who must pay out of their own family budgets, which can sometimes be a hardship.

Payment Type: **COPIES OF PURCHASE ORDERS MUST BE FAXED WITH REGISTRATIONS**

Check # _____

P.O. # _____ Fax # of Accts Payable: _____

Credit card payments accepted online. Please go to: <http://store.spectrumtrainingsystemsinc.com>. Do not put a "www." in front of the conference store address. This store accepts all major credit cards.

Spectrum Training Systems, Inc.

2024 Jonathon Drive ♦ Appleton, WI 54914

Phone: (920) 749-0332 ♦ Fax: (920) 882-0736

Please write checks to: Spectrum Training Systems, Inc.

Fee for returned checks is \$50.00.

No reservations. Payment or purchase order must accompany registration.

Cancellation Policy: If you have registered and cannot attend, you may send a substitute without penalty. A \$30 cancellation fee will apply to all registrants who give written notice at least 2 weeks before the seminar. *No refunds will be granted within the two weeks before the seminar. All purchase orders are subject to the same policy.*

Cancellations will not be accepted unless written by mail, fax or email.

For Office use only

Date rec'd _____ ✓R _____ © _____ Inv Faxed _____ Note _____