

Spring 2012 Autism Institute Workshops Registration Form

Name: _____ Title: _____

Street Address: _____ City: _____ State: __ Zip: _____

Phone: _____ Email: _____

School Affiliation _____

Workshop(s) Attending

- The Spectrum of Technology Basics (No fee)
- Making iPads and iPods Functional (No fee)
- Fifth Annual Autism Institute Conference (\$50 fee for those individuals who do not live or work in Montgomery County)

Payment Information

Check (Please make checks payable to Gwynedd-Mercy College.)

Credit Card: Visa MasterCard Credit Card Number: _____ Expiration Date: _____

Name as it appears on card: _____ Signature: _____

Check here if credit card billing address is the same as mailing address. If not, please provide billing address:

Mail or Fax application to:

Autism Institute, Gwynedd-Mercy College, 1325 Sumneytown Pike, PO Box 901, Gwynedd Valley, PA 19437-0901

Fax: 215-542-4695