

REGISTRATION FORM

NEW YORK STATE CERTIFIED PROVIDER OF TRAINING IN THE
NEED OF STUDENTS WITH AUTISM

PLEASE PRINT CLEARLY

NAME _____

ADDRESS _____

PHONE # _____

EMAIL _____

THE FEE FOR EACH WORKSHOP IS \$35.00

NOVEMBER 14, 2011

MARCH 5, 2012

MAKE CHECK PAYABLE TO: THE HAGEDORN LITTLE VILLAGE SCHOOL
AMOUNT ENCLOSED: _____

PHONE AND/OR FAX REGISTRATION WITH CREDIT CARD INFORMATION
– (516) 520-6061 FAX (516) 520-6080

CREDIT CARD # _____

MASTERCARD AMEX VISA

EXPIRATION DATE: _____

NAME AS IT APPEARS ON CARD: _____

SIGNATURE _____

RETURN REGISTRATION WITH PAYMENT TO
THE HAGEDORN LITTLE VILLAGE SCHOOL
JACK JOEL CENTER FOR SPECIAL CHILDREN
750 HICKSVILLE ROAD
SEAFORD, NY 11783

ATTN: NYS CERTIFIED PROVIDER OF TRAINING IN THE NEED OF
STUDENTS WITH AUTISM

FOR FURTHER INFORMATION PLEASE CONTACT
EILEEN WILLIAMS AT (516) 520-6026 OR EMAIL AT
EILEEN.WILLIAMS@LITTLEVILLAGE.ORG