

# AUTISTIC MENTAL HEALTH & WELL-BEING

## 3 PART VIRTUAL TRAINING

### Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Registration Rates

- Autism Society Member • \$65       Non-Member • \$85       Autistic Individual • \$30

### Payment

- Check: Check # \_\_\_\_\_ (Made payable to the Autism Society of Greater Wisconsin)

- Purchase Order: Purchase Order # \_\_\_\_\_ (Must be attached)

- CLTS Waiver, COPP or IRIS Funds:

All registrations using CLTS, COPP or IRIS funds **must include** the information below and a **TPA/Authorization** to be processed. Contact Amber at [agollata@autismgreaterwi.org](mailto:agollata@autismgreaterwi.org) with questions.

Service Coordinator Name \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Child on Authorization: \_\_\_\_\_

### Cancellation Policy

Please note that we are unable to accept cancellations or refunds for this training.

### Send Registration Form & Payment to:

[alefevre@autismgreaterwi.org](mailto:alefevre@autismgreaterwi.org)

