

**Virginia Institute of Autism**  
**2011-12 Workshop Registration Form**  
(Please complete for each person attending a workshop.)

Name: \_\_\_\_\_ Email \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone \_\_\_\_\_ Work/Cel \_\_\_\_\_ Fax \_\_\_\_\_

School/Organization Representing: \_\_\_\_\_

School/Organization Address: \_\_\_\_\_

**Please Check All Appropriate Descriptions:** \_\_\_ Parent of child with autism \_\_\_ Teacher currently working with child with autism \_\_\_ Currently using ABA with child with autism

Age of child/children with whom you are working \_\_\_\_\_ How would you describe the skill range of the child/children? \_\_\_\_\_

Please describe previous training in ABA: \_\_\_\_\_

**Schedule and Fees**

**Shaping the Future: A Three Day Introduction to the Principles and Applications of Applied Behavior Analysis \$500 for professionals, \$400 for families**

\_\_\_ Sep 26 – Sep 28 \_\_\_ Nov 14 – Nov 16 \_\_\_ Jan 30 – Feb1 \_\_\_ March 19-March 21 \_\_\_ Jun 25 – Jun 27

Total amount due: \$ \_\_\_\_\_ Enclosed is a check. \_\_\_ Please bill my MasterCard/Visa (circle one)  
Credit Card Number \_\_\_\_\_ Exp Date (mm/yy) \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
Card Holder's Name \_\_\_\_\_

**VIA is a DD Waiver Provider (#010264740) for Family and Caregiver Training.**

\_\_\_ My participation will be covered through the DD Waiver program.

My Virginia Medicaid Identification Number is \_\_\_\_\_

Registration for each workshop is on a first come-first served basis. Space is limited. Due to the high demand and small size of the Shaping the Future workshop, the following reservation and cancellation policies are in place.

Reservations

Reservations without payment may be made until four weeks before the workshop, at which point payment or a purchase order must be received to guarantee registration.

Cancellation

The following policies apply to registrations secured by cash, check, credit card, and purchase orders:

Full refund if cancelled at least four weeks prior to the workshop. 50% refund if cancelled at least two weeks before workshop. No refund available for registrations cancelled after this time. In extenuating circumstances, transfers to a later workshop may be approved based on availability, but are not guaranteed.

**Return this form to:**

**Jennifer Wooten**  
**Virginia Institute of Autism**  
**1414 Westwood Road, Charlottesville, VA 22903**  
**Tel: (434) 923-8252 Fax: (434) 923-8566**