

REGISTRATION FORM

3-Day Seminar Level I. of

Structured Teaching Method based on TEACCH method

March 12, 13 and 14, 2010

Center of Skills Development AASP Limassol

1. Name:	
Home Address:	
Work Company/Organization:	
Work Address:	
Home Phone/Cell phone#:	
Work Phone:	
Fax #:	
Email:	
www:	
2. Profession:	
3. Type of children with special needs you work with:	
Number of children with Autism you work with:	
Total children you work with:	
Ages:	
Please write few words the reason you wish to participate and what your expectations from the seminar are. In order to consider the form completed, this section needs to be filled up.	
Registration Cost:	280 euros Cancellations after March 7 2010 will not be accepted.
Deposits: Bank of Cyprus Account Number: 0335-11-031538 , N.C.D. Calloway Continuing Education Ltd. Please send your REGISTRATION FORM with the Bank Receipt by email or fax.	
Miss Katerina Mavromoustaki Center of Skills Development-AASP FAX: 25662272 email: contact@aasp-cy.com	
You will get an acceptance answer for the seminar write after we receive you registration form.	