

Registration Form:

To register for the Autism: Beyond The Label conference please fill out the following form and send it to:

THE AUTISM CENTER OF NJMS

Behavioral Health Science Building F-Level
183 South Orange Avenue
Newark, New Jersey 07103
or Fax to: (973) 972-0812
or Call: (973) 972-9422 to register

Autism: Beyond The Label February 9 and 10, 2007

Provided free of charge

Name _____

Address _____

City/State/Zip _____

Telephone _____

Email _____

Professional Student Family Member

Attending Professional Day: February 9

Attending Family Day: February 10

If childcare is needed pre-registration is required. Please call (973) 972-9422

I would like to make a donation to further the work and programs of The Autism Center.

I am pleased to enclose \$_____.

Continuing Education Units (C.E.U.s) are being offered for this conference by the Department of Pediatrics.

Registration must be postmarked by: February 5, 2007

(On site registration available if capacity has not been reached by date of conference)