



Responding to the Needs of Students with Autism Spectrum Disorders

3-Hour Seminar to Satisfy the New York State Education Department Requirement
for Special Education Teachers and Administrators

Registration Form

Name: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Last 5 digits of SSN: _____

Email Address: _____

School District: _____

Position: Teacher (SPED) Administrator (SPED) Other: _____

How did you learn about the course? (Please circle one)

NYSED School District College/University Colleague Other _____ Payment Information

(The cost of the training is \$50):

_____ Check _____ Money Order

Please make checks payable to **GERSH ACADEMY**

Please return this form, with payment, on the date of the training. The training course requirements as outlined in the training guidelines. Refunds will ONLY be issued upon a weather, emergency, website or system failure that cannot be corrected in a timely fashion.