



Families for Effective Autism Treatment (FEAT) of Washington
Speaker Series Registration Form

Name of presentation: _____

Date of presentation: _____

Name: _____

Address: _____

city _____ state _____ zip _____

email _____ phone _____

	Qty				
Parent	_____	x	\$30.00	=	_____

Professional	_____	x	\$45.00	=	_____
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# of CEU's requested per Professional	_____	x	\$10.00	=	_____
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CEU Type:

circle one: Educator BCBA/BCABA SLP

Total Amount Enclosed:

please make all checks payable to: FEAT of Washington

Mail registration form and check to:

FEAT of Washington A
Attn: Speaker Series
PO Box 6159
Bellevue, WA 98008

Full payment must be received to reserve spot and event size limited to 20 attendees.

Confirmation will be sent via email.

Refunds will be provided if reservation is cancelled seven days before event and the spot can be filled from wait list. No refunds for "no show".

Sorry, we do not accept credit cards or purchase orders.

To receive CEU's must attend the full event, sign-in and sign-out will be retained on file.

Remeber: Registration for each event closes 7 days before the event is scheduled to occur