

PARENTS' REGISTRATION FORM

Personal Information:

Full Name:

Name of child:

Full Home Address details:

Tel.

Cell.

Fax:

Email:

Name the school and grade your child attends:

Does your child have a diagnosis of autism? If so which one: _____

Optional (Please circle):

- a. Would you like to receive communication from "Magic Always Happens" on evaluations, treatment, education and therapies: Yes / No
- b. Can your contact data be kept for further email communication and Information from the organizing committee (addition to mailing list) Yes / No

Signature and date:

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PAYMENT AT THE REGISTRATION DESK OF THE CONFERENCE

Kindly complete and return to the Conference Secretariat by 7 November 2016:

Conference
Secretariat



Contact Information:
smartevents@cytanet.com.cy
Phone Number: +357 25355480
Fax: +357 25370795

Please contact the Conference Secretariat for any other queries

Please share the information regarding this special conference with all and help other families and professionals attend and benefit.