Training Workshop Registration Form

Attendee: *(Please print clearly)*

Name _____ Job Title _____

Phone _____ Email _____

Address _____ City/State/Zip _____

Bill To:

Name/ Organization _____ Contact _____

Phone _____ Address/City/State/Zip _____

Workshop Registering For:

Date _____ **Location** _____ **Workshop Title** _____

PECS Basic Training:
- Professional Registration **$395**
- Parent Registration **$295**

PECS Advanced Training:
- Professional Registration **$295**
- Parent Registration **$195**

Parent Training (An Adjustment in Perspective): $150

Group discounts are available; call for information.
School Districts, private schools, and agencies, contact our office today to inquire about having your entire staff trained and/or to discuss your program's needs

Training Products to be delivered to the workshop: (All sales are final)

QUANTITY:

- ☐ **$33 Large Communication Book**
- ☐ **$35 Pyramid Approach to Education in Autism**
- ☐ **$47 PICS for PECS 2008 CD**
- ☐ **$43 Schedule Board Kit**
- ☐ **$45 Complete Visual Reinforcement System Set**

- Orders must be accompanied by payment (check/credit card/purchase order) and must be received by our office 10 business days prior to the workshop start date.
- Product orders and payments received within 10 days will not be accepted and will be returned to the participant.
- All sales are final.

Method of Payment: ☐ Visa ☐ MasterCard

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Account Number

☐☐-☐☐ $☐☐☐☐.☐☐

Expiration Date Amount

☐ **Check Enclosed #**_____ ☐ **Purchase Order Enclosed #**_____

Registration must be accompanied by full payment.
Registrations without payment will not be accepted and admittance will not be guaranteed.

By Mail: *Mail with payment to* ***Pyramid Educational Consultants, Inc. 13 Garfield Way, Newark, DE 19713***
By Fax: *If you prefer to fax us your registration, you can do so at* ***302-368-2516***
Online: ***www.pecs.com*** *(search workshops by name or location)*