



Registration

BASIC ELEMENTS OF STRUCTURED TEACHING + (BEST+)

OPTION 1: OCT 20, NOV 16 & DEC 7, 2022 _____ OPTION 2: JAN 18, FEB 15 & MAR 8, 2023 _____

**** Please check your choice of dates****

Name (First)		(Last)	
Home Address:			
City:	State:	Zip	Phone (w/area code)
Place of Employment:			
Address:		City:	
State:	Zip:	Work Phone (w/area code)	
Personal Email:		Work Email:	
Highest Degree:			
Current Position:		Number of years in this position:	
Name of School:		Name of School District:	
Type of program/services child is receiving:		Number of students in your program:	
Age range in your classroom/case load:		Range of ability: (mild/mod/severe):	
Number of students with autism:		Number of non-verbal students:	
How did you learn about this training program?			
Please list your previous Structured Teaching-based training (including dates and locations if available);			

PAYMENT OPTIONS:

- Credit Card (Visa, MasterCard only), check one: Visa _____ MasterCard _____
 Name on Card: _____ Card # _____ Exp. Date: _____
 Billing Address: _____ Sec.Code: _____
- Check this line if you are mailing a **check** (payable to **Have Dreams**): _____
- Check this line if you are paying by **Purchase Order**: # _____ (Please e-mail hard copy)

**** NO REFUND FOR CANCELLATIONS, HD ACCOUNT CREDIT ONLY**

!! REGISTER NOW !!

Registration fee is \$600/person (lunch included)

****Sliding scale: \$575 for 3-4 people; \$550 for 5+ people.**

Registration is on a first-come, first-served basis (space limited to 20 registrations per training)

To register by email, attach this completed document, indicating method of payment, to: lwissing@havedreams.org

To register by fax, return this document indicating method of payment to: 847-685-0257, Attn: Lydia

To register by U.S. mail, return this document with payment or P.O. to:

Have Dreams,
515 Busse Highway
Park Ridge, IL 60068

Attn: Lydia Wissing (Phone 847-685-0250 Ext 111,
Fax #847-685-0257)