

Date: \_\_\_\_\_

**Workshop**

**Presentation**

- Behaviour/Communication
- Advocacy
- Autism: Introduction
- IEP

Date Requested: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Is the person making the request a member?      YES      NO      (please circle)

Audience (parents, teachers, SEAs, students, staff): \_\_\_\_\_

What topic is requested? Do they want basic or more specific information?

Potential Dates: \_\_\_\_\_

Half Day/Full Day/# of hours: \_\_\_\_\_ # of Participants: \_\_\_\_\_

Do they have:

- VCR and monitor
- Overhead projector

Presenter: \_\_\_\_\_

Cost: \_\_\_\_\_

**ASBC does not do client specific training.**