

ASD Family Workshops – Spring 2010

Title	Date & Time	Fee	Number of Children attending	Number of Adults attending
Practical Interventions Parents/carers ONLY - couples preferable. (<i>1st come 1st serve basis</i>)	10 - 14.00 25 Feb; 4, 1, 18, 25 Mar & 1 Apr	FREE	[NA]	[]
FAMILY workshop: Sensory Issues and ASD Children incl. siblings	10 - 14.30 6 March (Warwickshire)	£10 per family	[]	[]
FAMILY workshop: Sensory Issues and ASD Children incl. siblings	10 - 14.30 20 March (Staffordshire)	£10 per family	[]	[]

Name (s) of parents / carers attending:

Please indicate in final box if any below named parents/carers have an official diagnosis of Autism Spectrum Disorder (ASD)

Full Name	Special / Dietary requirements	<input checked="" type="checkbox"/> diagnosis of ASD
		[]
		[]
		[]

Name (s) of any children attending (only for FAMILY workshops):

Please indicate in final box if any below named children have an official diagnosis of Autism Spectrum Disorder (ASD)

Full Name	Special / Dietary requirements	Date of birth	<input checked="" type="checkbox"/> Using Creche (age 0-6)	<input checked="" type="checkbox"/> diagnosis of ASD
			[]	[]
			[]	[]
			[]	[]

Booking form

Bookee contact details:

Please indicate with Astrix (*) preferred method of booking confirmation

Address:		
Tel No:		Fax No:
Email:		

If you have an email and would like to be added to free E-news about future autism.west midlands family workshops please tick this box

Booking Rates (dependent on type of workshop):

Children (0 – 6 years or with ASD) using crèche facility **FREE**

Children (7 – 14 years) attending workshop with parent(s) **FREE**

Parent attending alone **£10.00**

DISCOUNT to couples attending together (or couples attending same event on separate date) **£10.00**

DISCOUNT to Parents and Carer (e.g. Grandparent) attending together **£10.00**

Payment Method:

Cash [] Amount: £_____

Please wrap any notes in foil

Cheque [] Amount: £_____

Please make cheques payable to **autism.west midlands**

Card [] Amount: £_____ Mastercard [] Visa [] Electron [] Solo [] Maestro []

Card No: _____ - _____ - _____ - _____ Expiry Date: __ __ - __ __ Issue No: __ __ (Maestro only)

Signature:..... Date:...../...../.....

Receipt required []

Return booking form and payment by post to **autism.west midlands, Tamara Blom, 18 Highfield Rd, Birmingham, B15 3DU**. For further enquiries regarding the events or booking process email: **info@autismwestmidlands.org.uk**

No place(s) guaranteed without return of this form, and is based on first come first served basis. We will confirm your place(s) once we receive this booking form by the method that you have indicated above. For events supplied with lunches, a vegetarian option will be catered for – if you have any further dietary requirements please inform us by filling in ‘special requirements’ box.