



Leading. Empowering. Inspiring.

Course Title: _____

Start Date: _____

Registration Type: _____

Cost: \$ _____

First Name: _____ Surname: _____

Email: _____

Address: _____

City _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Telephone: () _____

Alt Phone: () _____

To access online registration form, visit:

www.autism.net

Fees can be paid by exact cash, cheque (payable to Geneva Centre for Autism), Visa, MasterCard or American Express.

To Register:

By Phone: 416.322.7877 ext. 285
By Mail: 112 Merton St. Toronto ON M4S 2Z8
By Fax: (416) 322-5894

Payment Details:

Method: Cheque # _____
 Visa MC AMEX
 Cash \$ _____

Credit Card #: _____

Name on card: _____

Expiry: _____

Signature: _____

Date Signed (MM/DD/YYYY)

Mail completed form with proper payment to:
Training Institute - Geneva Centre for Autism. 112 Merton Street,
Toronto, Ontario, Canada, M4S 2Z8

Only credit card payments may be faxed.

Please do not do BOTH fax AND mail your registration form

Register online at www.autism.net

For more information, please contact us at traininginstitute@autism.net or 416.322.7877