



SPRING 2009 SATURDAY SEMINAR REGISTRATION FORM

PLEASE COMPLETE AND RETURN TO:

Delta Gamma Center | 5030 McRee | St. Louis, MO 63110 | (ph) 314-776-1300 (fax) 314-776-7808

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

CIRCLE ONE: OT PT ST Educator Parent Student Other _____

REGISTRATION DEADLINE: *One week prior to each seminar. Early registration is recommended! Please call if you do not receive confirmation of registration.*

CANCELLATION POLICY: *Tuition fees are refundable minus a \$5 administrative charge for each seminar when registration is cancelled up to 48 hours prior to each seminar. A minimum of 15 registrations is required for each seminar or it will be cancelled.*

CHECK EACH SEMINAR FOR WHICH YOU ARE REGISTERING:

		Fee	Student
<input type="checkbox"/>	[Feb. 21] Autism Spectrum Disorders: Knowing the Signs and the Resources	\$30.00	\$25.00
<input type="checkbox"/>	[Mar. 28] Seizures: Their Impact and Treatment	\$30.00	\$25.00

Total \$ _____ \$ _____

Bagels and coffee will be provided!

METHOD OF PAYMENT: *Please make checks payable to Delta Gamma Center (DGC)*

Check number _____ in the amount of \$ _____ is enclosed.

Charge my VISA or MC# _____

Expiration Date _____

Signature _____

PLEASE FAX OR MAIL REGISTRATION. *Please call if you do not receive confirmation of registration.*

www.dgckids.org