

**“CREATING CUSTOMIZED INTERVENTIONS FOR CHILDREN WITH ASD”**  
**AN INTERACTIVE WORKSHOP FOR**  
**SPEECH & LANGUAGE PATHOLOGISTS & CLASSROOM TEACHERS**

Elmhurst American Legion, 310 W. Butterfield Rd., Elmhurst, IL ☎ Phone: 630-833-7800  
Friday, October 3, 2008



**REGISTRATION FORM**

Registration fee includes the conference, continental breakfast, a.m. coffee break & lunch.  
Cancellations must be in writing on your organization’s letterhead and will incur a \$75.00  
processing fee. There will be no refunds after Sept. 19, 2008.

PLEASE PRINT LEGIBLY

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

(Confirmation & directions will be provided via e-mail only.)

Send this completed form to: 2008 CSLD Conference, 606 N. Michigan St, Elmhurst, IL 60126  
(630) 530-8551 ext. 104 ★ Fax: (630) 530-5909

Everyone will receive a certificate of attendance for 5 contact hours. CEU & CPDU hours will  
also be noted on the certificate.

***Fee Summary***

Early Bird Deadline Sept. 19, 2008

\$159.00 Early Bird \_\_\_\_\_

\$189.00 Regular \_\_\_\_\_

TOTAL \_\_\_\_\_

Check enclosed \$ \_\_\_\_\_  
(payable to CSLD)

Purchase Order # \_\_\_\_\_

Charge my VISA/MC acct.#

\_\_\_\_\_

Exp. \_\_\_\_\_

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Signature (required)