

Early Development and Delays: Learn the Signs of Autism and Act Early Training Application-2017

\*Application must be completely filled out. All information is required.

**FREE!!**

Please Print – Make copies of blank application as needed – one form per applicant

**Applicant Information**

**Work Information**

<u>First Name</u>	<u>Last Name</u>	<u>Business (facility) Name</u>	<u>DES Provider ID</u>
<u>Applicant Address</u>		<u>Facility Address</u>	
<u>City</u>	<u>State</u>	<u>ZIP</u>	<u>City</u>
			<u>State</u>
			<u>ZIP</u>
<u>*Personal Phone-</u>		<u>*Personal email-Required</u>	
<u>*Work Phone</u>		<u>*Work email-Required</u>	
I work in a: ( <b>check all that apply</b> ):		I work with: ( <b>check all that apply</b> ):	
<input type="checkbox"/> DHS Licensed Center		<input type="checkbox"/> 0-3 year	
<input type="checkbox"/> DES Family Home		<input type="checkbox"/> 3-5 year olds	
<input type="checkbox"/> DHS Group Home		<input type="checkbox"/> Other	
<input type="checkbox"/> Head Start Facility		<b>Do you need:</b>	
<input type="checkbox"/> Other:		<input type="checkbox"/> Spanish Translation	
		<input type="checkbox"/> Other Accommodations (specify): _____	

Autism Training Schedule for -2017:

Institute	Location	Time: 9am-3pm Dates:	Mark choice with an "x"
1	Flagstaff	Saturday, March 25	

**Training Location:**  
**2304 North Third Street Flagstaff, 86004**

**How to Apply:**

Completely fill out application;  
Fax to: (602) 827-8292 - **OR** - Mail to:  
University of Arizona Cooperative Extension  
**Attn: Cynthia Smith**  
4341 E. Broadway Rd.  
Phoenix, AZ 85040-8807  
Email: [cynthiasmith@email.arizona.edu](mailto:cynthiasmith@email.arizona.edu)  
<http://extension.arizona.edu/brain-builders-life>

**Within 2 weeks of receipt of this application, you will receive a confirmation email.**

By signing below; I agree to attend the 6-hour Autism Training Institute. I also agree to notify the Autism Training two weeks in advance if I am unable to attend. I understand that upon completion of this 6 hour training I will receive a \$15 gift card and a 6 hour CEU certificate. Attendance is free and on a first come, first serve basis-classes fill quickly!

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Two (2) weeks prior to the workshop you will receive a confirmation email.***

***RSVP confirmation must be given to secure your space. If you do not hear from us, please contact us at 602-509-9276.***

**\*\* For Office Use Only\*\***

Application Received: \_\_\_\_\_ Verbal Confirmation: \_\_\_\_\_ attending: YES / No



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PLACE  
STAMP  
HERE

THE UNIVERSITY OF ARIZONA COOPERATIVE EXTENSION  
MARICOPA COUNTY  
**ATTN: Cynthia Smith**  
4341 E. BROADWAY ROAD  
PHOENIX, AZ 85040

