



CENTER FOR AUTISM AND RELATED DISABILITIES

UNIVERSITY AT ALBANY State University of New York

Responding to the Needs of Students with Autism Spectrum Disorders Registration Form

Name: _____

Profession: Special Education Administrator Special Education Teacher

Other (please specify): _____

Address: _____

County: _____

Phone: _____

Email: _____

Session Attending

____ 8/25: The Desmond, Albany, NY

____ 8/25: The Best Western Carriage Inn, Watertown, NY

____ 8/25: The Crowne Plaza, Lake Placid, NY

____ 8/26: The Radisson Hotel, Utica, NY

____ 8/26: The Holiday Inn, Oneonta, NY

____ 8/27: The Queensbury Hotel, Glens Falls, NY

Please complete this form and send it with a check for \$20 per person (made out to the Research Foundation of SUNY) to the address below.

The Center for Autism and Related Disabilities
University at Albany
College of Arts and Sciences
Department of Psychology
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Fax: (518)442-4834
Website: <http://www.albany.edu/psy/autism>