Delegate Registration Form (please tick relevant box)			Autism Cymru	
			Asperger Syndrome Conferences Wales 2005 Newi, Wrexham, N Wales - 15th March 2005	
				I wish to book a place a
Professional	Parent of Child with ASE	Person	with ASD	
I would like to attend th	e Wrexham confere	nce 📃 Cardi	ff Conference (please tick relevant)	
at a fee of £	and enclose payme	nt of this sum i	n full.	
Please	type or use block capitals. Please	e include internatior	al codes for overseas numbers.	
First name / Surname	e / Title (Dr, Mr, Ms, etc)			
If attending as professional – Position / Company				
	Address			
Post code / zip code				
Telephone Number including STD				
	Email			
If you are group booking	please state how many peo	ople are in the g	roup and write their name below.	
Number Name		Posi	ion	
Name		Posi	ion	
Name		Posi	ion	
	ease use a separate sheet of p	-		
	please list below any diel	ary requiremen	nts or special needs you might have:	
Signed		Date (d.m.y)		
Registration fee	Payment By cheque or bankers draft p	ayable to Autism Cy	mru. Confirmation of places will not be given	
Wrexham	until payment is received in full. If you require an invoice to be sent to your place of work please include details on a separate piece of paper. We regret that Euro cheques cannot be accepted.			
Professional£108Parent£28Person with ASD£28	Cancellation must be made in	h writing to Autism (the registration fee	Cymru Conference Office at least 4 weeks prior to will be refunded less a cancellation charge of	
Cardiff	Please complete and return this form to			

Autism Cymru Conference Office, 64 Newport Road, Cardiff CF24 0DF.

For further information

mormation		
jennie@autismcymru.org		
02920 463 263		
02920 463 263		
www.awares.org		

all prices in £ sterling

£108

£28

Professional

Person with ASD £28

Parent