## Delegate <br> Registration Form <br> (please tick relevant box)

I wish to book a place at the Asperger Conference as a:

## Autism Cymru

Asperger Syndrome Conferences
Wales 2005
Newi, Wrexham, N Wales - 15th March 2005
Millennium Stadium, Cardifif, S Wales - 6th June 2005
$\square$ Professional $\square$ Parent of Child with ASD Person with ASD I would like to attend the $\square$ Wrexham conference $\square$ Cardiff Conference (please tick relevant) at a fee of $£$ and enclose payment of this sum in full.

Please type or use block capitals. Please include international codes for overseas numbers.


If you are group booking please state how many people are in the group and write their name below.


If there are more names, please use a separate sheet of paper.
Additional details - please list below any dietary requirements or special needs you might have:
$\qquad$
$\square$
Registration fee (VAT exempt)

| Wrexham |  |
| :--- | :--- |
| Professional | $£ 108$ |
| Parent | $£ 28$ |
| Person with ASD | $£ 28$ |

Cardiff
Professional
Parent
£108
Person with ASD
£28
£28

## Payment

By cheque or bankers draft payable to Autism Cymru. Confirmation of places will not be given 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. Cancellation must be made in writing to Autism Cymru Conference 0 ffice at least 4 weeks prior to the conference at which point the registration fee will be refunded less a cancellation charge of $£ 25$. Bursary available to parents and people with ASD.

## Please complete and return this form to

Autism Cymru Conference 0 ffice, 64 Newport Road, Cardiff CF24 ODF.

## For further information

Email jennie@autismcymru.org
Telephone: 02920463263
Fax back on 02920463263
Website
www.awares.org

