



Dear participant,

Please find attached the registration form for:

Son-Rise Program New Frontiers®
Thursday 15 November to Monday 19 November 2018
3 Place du Général Leclerc,
92300 Levallois-Perret

To register, please fill out this form and return it signed and dated with your payment details as soon as possible to ensure your place, by 7 November 2018 at the latest, either by email to OptimInscriptions@gmail.com or by mail to :

Optim'Autisme
Registrations SRP Start-Up
40, rue Lucien Sampaix
75010 Paris, France

We accept the following payment methods:

- Credit card (secure payment): via [HelloAsso Tickets](#) in one or multiple instalments (the final payment must be received by 7 November 2018);
- Check (French check books only): please send up to 4 checks, made out to Optim'Autisme (post-dated checks will not be accepted), with the dates you would like them to be banked noted on the back of each check, with your registration form, to the above address (the final check will be banked on or before 1 November 2018);
- Bank transfer: see below for our bank details. Please attach a copy of the bank transfer to your registration form, with mention of your full name and "SRNF" (the final payment must be received by 7 November 2018).

Association Optim'Autisme
40 rue Lucien Sampaix, 75010 Paris

Domiciliation : Crédit Agricole, Bayonne St Esprit (40024)
Banque : 16906
Guichet : 40024
N° Compte : 87013243679
Clé : 22
IBAN : FR76 1690 6400 2487 0132 4367 922
BIC : AGRIFRPP869

With energy, excitement and enthusiasm,

The Optim'Autisme team



Son-Rise Program® New Frontiers

15 – 19 November 2018



Paris, France

Registration form

Name:
Title First name Last name

Address:

Postcode City, State, Country

Home phone: Mobile:

E-mail:

Billing details:
(if different)

Billing name

Billing address

Postcode City, State, Country

When and where did you attend the Son-Rise Program Start-Up?
Location Month / Year

If you have not attended a Start-Up Program,
who are you attending New Frontiers with?

In what language do you prefer to receive the course documents?
(participant manual, handouts, etc.) ☐ French ☐ English

Have you read the following books, or will you have read them before New Frontiers?

| | | |
|---|------------------------------|-----------------------------|
| "Autism Breakthrough" by Raun K. Kaufman | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| "Happiness is a Choice" by Barry "Bears" Neil Kaufman | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| "Love is to be Happy With" by Barry "Bears" Neil Kaufman | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| "Son-Rise: The Miracle Continues" by Barry "Bears" Neil Kaufman | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| "Autistic Logistics" by Kate Wilde | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Your child *: ☐ girl ☐ boy
First name Last name

Date of birth Diagnosis

Relationship: ☐ Parent ☐ Family (specify)
to child ☐ Volunteer ☐ Professional (specify)

Information on your child's language:

Which of the following best applies? (Check one box only) My child uses :

- ☐ Sounds - 50 single words (or has no words)
- ☐ Simple phrases (2-3 word combinations, eg. "blue ball", "want sing", "book on shelf")
- ☐ Simple sentences (noun + verb, eg. "throw the ball", "push car down slide", "the man fell down")
- ☐ Complex sentences (grammatically correct, eg. "Put the books on the shelf so we can play dominos - I like that game")
- ☐ Combined complex sentences (3 or more sentences in succession)

* or a child you work with



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Second child (if applicable)

Your child *: ☐ girl ☐ boy

First name Last name

.....

Date of birth Diagnosis

Relationship: ☐ Parent ☐ Family (specify)

to child ☐ Volunteer ☐ Professional (specify)

Information on your child's language:

Which of the following best applies? (Check one box only) My child uses :

- ☐ Sounds - 50 single words (or has no words)
- ☐ Simple phrases (2-3 word combinations, eg. "blue ball", "want sing", "book on shelf")
- ☐ Simple sentences (noun + verb, eg. "throw the ball", "push car down slide", "the man fell down")
- ☐ Complex sentences (grammatically correct, eg. "Put the books on the shelf so we can play dominos - I like that game")
- ☐ Combined complex sentences (3 or more sentences in succession)

* or a child you work with

Third child (if applicable)

Your child *: ☐ girl ☐ boy

First name Last name

.....

Date of birth Diagnosis

Relationship: ☐ Parent ☐ Family (specify)

to child ☐ Volunteer ☐ Professional (specify)

Information on your child's language:

Which of the following best applies? (Check one box only) My child uses :

- ☐ Sounds - 50 single words (or has no words)
- ☐ Simple phrases (2-3 word combinations, eg. "blue ball", "want sing", "book on shelf")
- ☐ Simple sentences (noun + verb, eg. "throw the ball", "push car down slide", "the man fell down")
- ☐ Complex sentences (grammatically correct, eg. "Put the books on the shelf so we can play dominos - I like that game")
- ☐ Combined complex sentences (3 or more sentences in succession)

* or a child you work with



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Payment

Son-Rise Program Start-Up : 1 200 €¹

Discounts de 200€ : ☐ Group registration ☐ Special offer² ☐ SRP volunteer

Specify³ :

Date joined Optim'Autisme (as of 1 January 2018)

Date of request for financial assistance, if applicable

Single payment € ☐ HelloAsso ☐ check ☐ bank transfer⁴
(cash immediately)

Multiple instalments

Deposit € ☐ HelloAsso ☐ check ☐ bank transfer⁴
(minimum 250€ to be cashed immediately)

2nd Instalment amount € date to be cashed⁵
☐ HelloAsso ☐ check ☐ bank transfer⁶

3rd Instalment amount € date to be cashed⁵
☐ HelloAsso ☐ check ☐ bank transfer⁶

Balance amount € date to be cashed⁵
☐ HelloAsso ☐ check ☐ bank transfer⁶

(to be cashed two weeks before New Frontiers at the latest, ie, 1 November 2018)

The cost for New Frontiers covers: the training course, simultaneous interpretation between English and French, equipment costs (room, interpretation booths and headsets), the participant manual, morning coffee breaks, and management and organization costs. It does not cover membership of the association **Optim'Autisme**, nor transport, accommodation or food costs while at New Frontiers.

Your registration is confirmed upon reception of the 250 € deposit. In the case of payments by check, checks for the full amount are to be given upon registration but the last check will be banked on the dates listed above.

Please send your first payment with the signed and completed registration form.

In the case of cancellation by the participant: more than 15 days before the first day of the Start-Up, the amount paid will be reimbursed less a 100€ cancellation fee; within 15 days of the first day of the Start-Up, no reimbursement.

In the case of cancellation by the organizers (for lack of registrations or any other reason), participants will be informed as soon as possible, and will be reimbursed the total amount paid.

By signing this document, you give your permission that the personal information written on this form regarding you and your child(ren) be communicated to the Autism Treatment Center of America for the purposes of personalizing the Start-Up and to keep you informed. Your details will not be communicated or sold to any third party.

.....
Date

.....
Signature

¹ Contact us at OptimInscriptions@gmail.com if you would like to request a different payment instalment plan or financial aid

² Eligible if the deposit is received before the date specified in the offer

³ Names of people registered together; name of the offer; names of the parents running the Son-Rise Program; other reason for discount

⁴ Please attach a copy of the bank transfer to your registration form

⁵ Checks will be cashed on the 1st and 15th of the month

⁶ Please send a copy of the subsequent bank transfers to OptimInscriptions@gmail.com with mention of your full name and "SRNF"