



Registration

STRUCTURED TEACHING CLASSROOM SET-UP

(Clearly check your date of choice)

July 15 – 18, 2024 _____ July 22 - July 25, 2024 _____

Name		Middle Initial	Last Name	
Home Address:			City:	
State:	Zip:	Home Phone (w/area code)		Cell Phone (w/area code)
Place of Employment:				
Address:			City:	
State:	Zip:	Work Phone (w/area code)		Fax Number (w/area code)
Personal Email:			Work Email:	
Highest Degree:			Name of Institution:	
Current Position:			Number of years in this position:	
Name of School:			Name of School District:	
Type of program:			Number of students in your program:	
Age range:			Range of ability: (mild/mod/severe):	
Number of students with autism:			Number of non-verbal students:	
**When did you attend Basic Elements of Structured Teaching (BEST) in-person or on-line or BEST+ training:				
How did you learn about this training program?				

PAYMENT OPTIONS:

*Credit Card (Visa, MasterCard only), check one: Visa _____ MasterCard _____ Exp. Date _____
 Name on Card _____ Card # _____ Sec.Code _____

Billing Address: _____

*Check this line if you are enclosing a check (payable to Have Dreams) _____

*Check this line if you are submitting a Purchase Order: # _____

**** NO REFUND FOR CANCELLATIONS, HD ACCOUNT CREDIT ONLY**

REGISTER NOW

Cost: \$1200/person (P.O.); \$1265 (Credit Card payment)
(Lunch not included – bring sack lunch or order for delivery)

****BEST in-person or on-line OR BEST+ in-person training is a prerequisite to attend the CSU training. (Limited space)****

To register by **email**, return this document to: lwissing@havedreams.org
 To register by **U.S. mail**, return this document to:
 Have Dreams
 515 Busse Highway,
 Park Ridge, IL
 Attn: Lydia Wissing
 Phone: 847-685-0250 Ext 111

