

TechConnection Registration Form Events

Register me for the following workshop (s)

(PLEASE CHECK ALL THAT APPLY, AND GIVE DATE)

PLEASE COMPLETE REGISTRATION FORM AND RETURN TO:
TECHCONNECTION, 35 HADDON AVENUE, SHREWSBURY, NJ 07702

_____ **Language Development and Disorders in AAC:**

Translating Knowledge into Practice

Date: 11/20/09 Held at TECHConnection at FRA,

35 Haddon Ave., Shrewsbury, NJ

\$40 Fee

_____ **AAC System Considerations for Students with Autism:**

Moving Beyond "I want..."

Date: 01/22/10 Held at TECHConnection at FRA,

35 Haddon Ave., Shrewsbury, NJ

\$40 Fee

Name: _____ School District: _____
Phone Number: _____ School Name: _____
E-Mail Address: _____ School Phone: _____
School Address: _____

PAYMENT TYPE: _____

Payment can be made by Check, Purchase Order, Voucher, Visa, MasterCard, American Express

Please Make Checks Payable to FRA.

Credit Card Acct. Number _____

Exp. Date: _____

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