

REGISTRATION FORM

Preschool/Elementary Evidence-Based Practices Workshop Using the STAR® Program

Workshop Lo	ocation/Date:	
Wilsonville Al	Kader Shrine Center	
25100 SW Par	kway Ave.	
Wilsonville, O	R 97070	
Day 1: Januar	y 12, 2018 (8:30am - 3:30pm)	
Day 2: Februa	ry 16, 2018 (8:30am - 3:30pm)	
To register fo	or the workshop complete the following form and fax or email it to:	
Fax: 503-292-	4173	
Formal Local Co.		
	ehm@starautismsupport.com ame:	
Participant Na	ame:	
Participant Na Address:	ame:	
Participant Na Address: City:	ame:	
Participant Na Address: City: State:	Zip:	
Participant Na Address: City: State: Phone:	ame:	
Participant Na Address: City: State: Phone: School Districe		
Participant Na Address: City: State: Phone: School Districe	ame:	
Participant Na Address: City: State: Phone: School District Email: District Relea	ame:	
Participant Na Address: City: State: Phone: School District Email: District Relea		

Questions:

information@orpats.org 503-297-2864

STAR Autism Support, Inc.