



Dear participant,

Please find attached the registration form for:

Son-Rise Program Start-Up®  
Wednesday May 24th to Sunday May 28th 2017  
Salle de Fêtes de la Mairie du 16è  
71 avenue Henri Martin  
75016 Paris, France.

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, and by May 17<sup>th</sup> at the latest, to [OptimInscriptions@gmail.com](mailto:OptimInscriptions@gmail.com) or :

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

Payment methods (in full or in installments) (see [www.optimautisme.com](http://www.optimautisme.com) for full instructions):

- Check : French checkbooks only. Please make checks payable to **Optim'Autisme**
- Credit card : using [HelloAsso Tickets](#)
- Bank transfer : Here are our bank details. Please attach the proof of transfer of your first payment to your registration form:

**Association Optim'Autisme**  
**40 rue Lucien Sampaix, 75010 Paris**

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

With excitement, energy and enthusiasm,

The Optim'Autisme team



# Son-Rise Program® Start-Up

24 – 28 May 2017

Salle des Fêtes, Mairie du 16è,  
71 avenue Henri Martin, 75016 Paris, France



## Registration form

Name: .....  
Title First name Last name

Address: .....

.....  
Postcode City, State, Country

Home phone: ..... Portable : .....

E-mail: .....

Billing details: .....  
Billing name

If different: .....  
Billing address  
.....  
Postcode City, State, Country

How did you learn about the Son-Rise Program? .....

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

Have you read the following books, or will you have read them before the Start-Up?

"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

Your child \*: .....  
First name Last name  
.....  
Date of birth Diagnosis

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

### Language information on your child:

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 \*: .....  
First name Last name  
.....  
Date of birth Diagnosis

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

### Language information on your child:

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 \*: .....  
First name Last name  
.....  
Date of birth Diagnosis

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

### Language information on your child:

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 €<sup>1</sup>

**Single payment** 1 200 € ☐ Check ☐ HelloAsso<sup>2</sup> ☐ bank transfer<sup>3</sup>  
(banked immediately)

**Staggered payment**  
**Deposit** 250 € ☐ Check ☐ HelloAsso<sup>2</sup> ☐ bank transfer<sup>3</sup>  
(banked immediately)

**Payment 2** amount ..... € date to be banked<sup>4</sup> .....  
☐ Check ☐ HelloAsso<sup>2</sup> ☐ bank transfer<sup>5</sup>

**Payment 3** amount ..... € date to be banked<sup>4</sup> .....  
☐ Check ☐ HelloAsso<sup>2</sup> ☐ bank transfer<sup>5</sup>

**Balance** amount ..... € date to be banked<sup>4</sup> .....  
☐ Check ☐ HelloAsso<sup>2</sup> ☐ bank transfer<sup>5</sup>

(to be banked two weeks before the Start-Up at the latest, ie, 10 May 2017)

The cost for the Start-Up 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 the Start-Up.

**Your registration is validated upon reception of the deposit of 250 €. The balance must be received no later than two weeks before the beginning of the Start-Up.**

The proof of your first payment is to be sent 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 keeping you informed. Your details will not be communicated or sold to any third party.

.....  
Date

.....  
Signature

<sup>1</sup> Contact us for any other payment plan or financial aid

<sup>2</sup> Pay the full amount or in installments by credit card using <https://www.helloasso.com/associations/optim-autisme/evenements/son-rise-program-start-up-24-28-mai-2017>

<sup>3</sup> Please send the proof of the bank transfer with your registration form

<sup>4</sup> Checks will be cashed on the 1<sup>st</sup> and 15<sup>th</sup> of the month

<sup>5</sup> Please send a copy of the subsequent bank transfers to [OptimInscriptions@gmail.com](mailto:OptimInscriptions@gmail.com) with your name clearly marked