



Optim'Autisme
L'optimisme pour dépasser l'autisme

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 (if you have a French check book, please make the checks out to **Optim'Autisme**) as soon as possible to ensure your place, and by May 17th at the latest, to :

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

If you choose to pay by 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

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 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
☐ Spanish ☐ Portuguese

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 €¹

Single payment 1 200 € ☐ check ☐ bank transfer²
(cashed immediately)

Staggered payment
Deposit 250 € ☐ check ☐ bank transfer²
(cashed immediately)

Payment 2 amount € date to be cashed³
☐ check ☐ bank transfer⁴

Payment 3 amount € date to be cashed³
☐ check ☐ bank transfer⁴

Balance amount € date to be cashed³
☐ check ☐ bank transfer⁴

(to be cashed 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.

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 to keep you informed. Your details will not be communicated or sold to any third party.

.....
Date

.....
Signature

¹ Contact us for any other payment plan or financial aid

² Please attach the proof of the bank transfer to your registration form

³ Checks will be cashed on the 1st and 15th of the month

⁴ Please send a copy of the following back transfers to OptimInscriptions@gmail.com with your name clearly marked