



Dear participant,

Please find attached the registration form for:

Son-Rise Program Maximum Impact®  
Thursday 5 to Monday 9 December 2019  
[Hotel Mercure Paris 19 Philharmonie La Villette](#)  
216 Avenue Jean Jaurès  
75019, 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, by 30 November 2019 at the latest, either by email to [OptimInscriptions@gmail.com](mailto:OptimInscriptions@gmail.com) or by mail to :

Optim'Autisme  
Registrations SRP Maximum Impact  
chez Gaëlle SARDA  
31 rue Andre Bollier, 69007 Lyon, France

We accept the following payment methods:

- Credit card (secure payment): via [HelloAsso Tickets](#) in one or multiple instalments (the final payment must be received by 30 November 2019);
- Check (French check books only): please send up to 4 checks, made out to Optim'Autisme (post-dated checks will not be accepted), with the dates you would like them to be banked noted on the back of each check, with your registration form, to the above address (the final check will be banked on or before 30 November 2019);
- Bank transfer: see below for our bank details. Please attach a copy of the bank transfer to your registration form, with mention of your full name and "SRMI" (the final payment must be received by 30 November 2019).

**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 energy, excitement and enthusiasm,

The Optim'Autisme team



# Son-Rise Program® Maximum Impact

5-9 December 2019

Hôtel Mercure Paris 19 Philharmonie La Villette  
216 Avenue Jean Jaurès, 75019, Paris, France



## Registration form

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

Address: .....  
Postcode City, State, Country

Home phone: ..... Mobile: .....

E-mail: .....

Billing details:  
(if different) Billing name  
Billing address  
Postcode City, State, Country

When and where did you attend the Son-Rise Program Start-Up? .....  
Location Month / Year

If you have not attended a Start-Up Program,  
who are you attending Maximum Impact with? .....

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

Have you read the following books, or will you have read them before Maximum Impact ?  
"Autism Breakthrough" by Raun K. Kaufman  YES  NO  
"Autistic Logistics" by Kate Wilde  YES  NO  
"Happiness is a Choice" by Barry "Bears" Neil Kaufman  YES  NO  
"Love is to be Happy With" by Barry "Bears" Neil Kaufman  YES  NO  
"Son-Rise: The Miracle Continues" by Barry "Bears" Neil Kaufman  YES  NO

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

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

### Information on your child's language:

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 \*:** .....  girl  boy

First name ..... Last name .....

.....

Date of birth ..... Diagnosis .....

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

## Information on your child's language:

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 \*:** .....  girl  boy

First name ..... Last name .....

.....

Date of birth ..... Diagnosis .....

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

## Information on your child's language:

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 Maximum Impact: **1 250 €<sup>1</sup>**

Discounts de 200€ :  Group registration  Special offer<sup>2</sup>  SRP volunteer

Specify<sup>3</sup>: .....

Date joined Optim'Autisme (as of 1 January 2019) .....

Date of request for financial assistance, if applicable .....

Single payment ..... €  HelloAsso  check  bank transfer<sup>4</sup>  
(cash immediately)

### Multiple instalments

Deposit ..... €  HelloAsso  check  bank transfer<sup>4</sup>  
(minimum 250€ to be cashed immediately)

2<sup>nd</sup> Instalment amount ..... € date to be cashed<sup>5</sup> .....  
 HelloAsso  check  bank transfer<sup>6</sup>

3<sup>rd</sup> Instalment amount ..... € date to be cashed<sup>5</sup> .....  
 HelloAsso  check  bank transfer<sup>6</sup>

Balance amount ..... € date to be cashed<sup>5</sup> .....  
 HelloAsso  check  bank transfer<sup>6</sup>

(to be cashed by 30 November 2019 at the latest)

The cost for **Maximum Impact** 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.

**Your registration is confirmed upon reception of the 250 € deposit. In the case of payments by check, checks for the full amount are to be given upon registration** but the last check will be banked on the dates listed above.

Please send your first payment 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 program, the amount paid will be reimbursed less a 100€ cancellation fee; within 15 days of the first day of the program, 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 program and to keep you informed. Your details will not be communicated or sold to any third party.

.....  
Date

.....  
Signature

<sup>1</sup> Contact us at [OptimInscriptions@gmail.com](mailto:OptimInscriptions@gmail.com) if you would like to request a different payment instalment plan or financial aid

<sup>2</sup> Eligible if the deposit is received before the date specified in the offer

<sup>3</sup> Names of people registered together; name of the offer; names of the parents running the Son-Rise Program; other reason for discount

<sup>4</sup> Please attach a copy of the bank transfer to your registration form

<sup>5</sup> Checks will be cashed on the 1<sup>st</sup> and 15<sup>th</sup> of the month

<sup>6</sup> Please send a copy of the subsequent bank transfers to [OptimInscriptions@gmail.com](mailto:OptimInscriptions@gmail.com) with mention of your full name and "SRNF"