**THE POWER OF SOCIAL STORIES**

Saturday, 10 February 2018; 9:00 am – 1:00 pm

The National Centre For Autism, New Delhi India

**REGISTRATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *This is a fillable form. Click on the grey boxes to enter information. Press ‘tab’ to move between items. Alternately, print and fill the form with a pen.*  *Please use BLOCK LETTERS. Attach a copy of your demand draft / online transaction receipt. Keep a photocopy for your records.* | | | | | |
|  | | | | | |
| Parent | Professional |  |  | |  |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | |
| Prof  Dr  Mr  Ms | | | First Name: |  | Last Name: |  |
| Father  Spouse | | | First Name: |  | Last Name: |  |
| Residential Address: | |  | | | | |
| State: |  | | Country: |  | Pin Code: |  |
| Email: |  | | | | Contact No: |  |
| Organisation Name: | |  | | | Designation: |  |
| Organisation Address: | |  | | | | |
| State: |  | | Country: |  | Pin Code: |  |
| Email: |  | | Website: |  | Contact No: |  |

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| **REGISTRATION DETAILS** | | | | | | | | | | |
| Payment Mode: | | | Online Bank Transfer | | | | | | Demand Draft *(in favour of ‘Action for Autism’ payable at New Delhi.)* | |
| Online Transaction/Demand Draft No: | | |  | | | | | | Dated: |  |
| Drawn On Bank: |  | | | | | | | | | |
| Total Amount: |  | | | | | | | | | |
| Receipt in favour of: | Full Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAN No:     \_\_\_\_*(Must be of the same individual/organisation )* | | | | | | | | | |
| *Towards Registration (Check as Applicable)* | | | | | | | | | | |
| **Early Bird Registrations** *(Till 9 February 2018)* | | | |  |  | | INR 1,500 | | | |
| **Spot Registrations (***Subject to Availability)* | | | | | | INR 2,000 | | | | |
| ***10% Discount Towards*** | | Parent Couple | | | | | | | 5 or More Professionals | |
| ***I understand and accept that:***   * *Registration includes reading material.* * *Please attach a copy of your receipt / demand draft / online transaction receipt along with this form.* * *Incomplete registration forms or forms not accompanied with the contribution towards registration will not be processed.* * *Registration is non-refundable. It will not be possible to adjust the contribution towards registration against other services at AFA.* * *Demand draft may be drawn in favour of ‘Action for Autism’ payable at New Delhi. Cheques or debit/credit cards are not accepted.* * *Online bank transfer:* ***Beneficiary****: Action For Autism* ***Bank****: Vijaya Bank, Defence Colony, New Delhi, India*   ***Within India*** *Transactions: 600501010009008* ***IFSC Code****: VIJB0006005*  *Completed forms may be delivered to: Trainings Coordinator, Action For Autism, The National Centre For Autism, Pocket 7 & 8, Jasola Vihar, New Delhi 110 025.* | | | | | | | | | | |
|  | | | | | | | |  | | |
|  | | | | | | | | ***Signature*** | | |