DEPARTMENT OF EDUCATION
BUREAU OF INSTRUCTIONAL SUPPORT AND COMMUNITY SERVICES

District Autism Contact Persons' Meeting
January 23, 2004

Response Form

Please fax this form to Sheryl Brainard at (850) 245-0955 no later than January 9, 2004.

District: _____

Name: _____ Title/Position: _____

Phone: _____ E-mail: _____

_____ I will be attending the District Autism Contact Persons' Meeting on January 23, 2004, in Miami.*

_____ I will not be attending the District Autism Contact Persons' Meeting on January 23, 2004, in Miami.

***Individuals attending this meeting must also complete the registration form for the CARD Pre-conference Day for Teachers.**