

FLORIDA DEPARTMENT OF EDUCATION  
BUREAU OF EXCEPTIONAL EDUCATION AND STUDENT SERVICES

District Autism Contact Persons' Meeting  
January 14, 2005

Response Form

Please fax this form to Sheryl Brainard at (850) 245-0955 no later than **January 7, 2005**.

District: \_\_\_\_\_

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_ I will be attending the District Autism Contact Persons' Meeting on  
January 14, 2005, in Orlando.\*

\_\_\_\_\_ I will not be attending the District Autism Contact Persons' Meeting on  
January 14, 2005, in Orlando.

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