

Autism Summer Institute Registration Form

Questions:
Please contact Student
Services at 262-968-6300,
ext. 5342 or ext. 5322



Cost: One day - \$125; Two days - \$225;
District Parents - \$25 (fee includes book)

Dates/Time: Tuesday, August 13th, Wednesday, August 14th
8:30 am - 3:00 pm

Location: Aurora Summit Medical Center – Draper Hall
36500 Aurora Drive, Summit, WI 53066

Presenters: Kate McGinnity, KMAST members, and KM
students!

REGISTRATION FORM

Please register using this form or register online by going
to www.kmsd.edu/summerautisminstitute

NAME _____

EMAIL _____

TITLE / POSITION (IE PARENT, TEACHER, ETC) _____

SCHOOL/ORGANIZATION _____

MAILING ADDRESS _____

CITY _____ ZIP _____

DAYTIME PHONE _____

METHOD OF PAYMENT VISA MASTERCARD CHECK (ENCLOSED)

CREDIT CARD# _____

EXP DATE _____ 3 DIGIT CSV CODE _____

CARD SIGNATURE _____

DAYS ATTENDING AUG 13, 2019 AUG 14, 2019 BOTH

REGISTRATION TOTAL _____

Make check payable to: KMSD Autism Summer Institute
563 AJ Allen Circle Wales WI 53183

Registration deadline: August 5, 2019