



Professional Development Registration Form

First Name: _____ Last Name: _____

Title: _____

Organization: _____

Street Address: _____ Suite/Floor/Room: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

ANCOR Member? Yes
 No

Webinars (view the complete listing of session descriptions):

Designing a True Learning Organization (5-part series)
ANCOR members: \$249 Non-members: \$299

Aging in Individuals with Intellectual/Developmental Disabilities (6-part series)
ANCOR members: \$399 Non-members: \$459

Diversification into Elderly Services: Possibilities, Potential & Pitfalls (3-part series)
ANCOR members: \$149 Non-members: \$199

Labor Relations: Proactive Strategies to Address the Union Movement (3-part series)
ANCOR members: \$149 Non-members: \$199

Workforce Development: DSPs As the Focus (6-part series)
ANCOR members: \$399 Non-members: \$459

Completing the Puzzle of Autism Spectrum Disorder (3-part series)
ANCOR members: \$149 Non-members: \$199

Total: \$ _____

Debit/Credit Card (VISA, MasterCard, American Express, Discover)

Check (if paying by check, print this completed form and mail with payment)

Card #: _____ Security Code: _____

Exp. Date: _____ Card Billing ZIP: _____

Cardholder's Name/Signature: _____

Please Note:

- Submit your registration via FAX to (703) 535-7860.
- Payments by check (sorry, we cannot accept copies of check requests) must be mailed with this completed form to:

ANCOR
P.O. Box 759166
Baltimore, MD 21275-9166

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Questions? Contact:

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