



**SUMMER CORE TRAINING**

**EARLY BIRD SPECIAL:  
SIGN UP BEFORE JUNE 1<sup>ST</sup>  
TO PAY \$475 FOR ALL 5  
DAYS!!**

**TRAINING LOCATION:  
Little Friends  
140 N. Wright Street  
Naperville, IL 60540**

Third floor- If special accommodations are needed, please, contact us prior to your scheduled training.

**REFUNDS ARE NOT AVAILABLE**

**TO RECEIVE EARLY BIRD  
SPECIAL USE THIS FORM ONLY**

1001 E. Chicago Ave. Suite 151  
Naperville, IL 60540 or fax to  
630-305-4785

*Registration for all trainings is at  
8:15 am. There will be a 1 hour  
lunch break and a 15 minute break  
during each training day.*

- 06-17-2015** **8:30 am – 3:45 pm**  
8:30-11:30 **Characteristics of Autism Spectrum Disorder/Essential Strategies** By: Patti Boheme  
12:30-2:00 **Communicative Functions of Behavior**  
By: Mary Crissman  
2:15-3:45 **Visual Strategies** By: Mary Crissman  
**\$100.00 for full day training**
- 06-18-2015** **8:30 am – 3:45 pm**  
8:30-11:30 **Discrete Trial** (Instructional Strategy of ABA, Learn) By: Mary Crissman  
12:30-3:45 **Discrete Trial** (Practice)  
**\$110.00 for full day training**
- 06-19-2015** **8:30 am – 3:45 pm**  
8:30-11:30 **Proactive Behavior Management**  
By: Patti Boheme  
12:30-1:30 **Proactive Behavior Management** cont'd.  
1:45-3:45 **Parents Perspective** (Best tips ever for working with parents) By: Carol Paske  
**\$100.00 for full day training**
- 07-09-2015** **8:30 am – 3:45 pm**  
8:30-11:30 **Picture Communication** (“How To”) By: Kathy Evangelista  
12:30-1:30 **Picture Communication** cont'd.  
1:45-3:45 **Sensory Processing** By: Kim Bryze  
**\$100.00 for full day training**
- 07-10-2015** **8:30 am – 3:45 pm**  
8:30-11:30 **Structured Teaching**  
By: Patti Boheme  
12:30-3:45 **Structured Teaching** (Make and take, plus practice materials provided - take home what you make!)  
**\$110.00 for full day training**

CEUs offered for E.I, Social Workers, Counselors, and QIDP's.

Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
**PAYMENT INFORMATION:** (Please make checks payable to the Little Friends Center for Autism)  
 Amount Enclosed: \$ \_\_\_\_\_  Check  Credit Card  
 Credit Card #: \_\_\_\_\_  Visa  MC  Amex  Discover  
 Three-Digit Verification Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 # of Parents: \_\_\_\_\_ # of Professionals: \_\_\_\_\_