



LEHIGH
UNIVERSITY

COLLEGE OF
EDUCATION

Center for Promoting Research to Practice Autism Workshop
Registration Form

April 20, 2018 | 8:00 a.m. – 12:00 p.m.

\$85.00/pp

Name(s): _____

Address: _____

City, State, Zip: _____

Employer: _____

E-mail(s): _____

(Confirmations are sent via e-mail)

Please make checks payable to LEHIGH UNIVERSITY and mail with this form to Tamara Bartolet, College of Education,
111 Research Drive Bethlehem, PA 18015.

_____ My check is enclosed, made payable to Lehigh University.

Please direct questions to Tamara Bartolet at tlp205@lehigh.edu or 610-758-3226. If you would like to fax this
registration, you may fax it to 610.758.6223