

ABA INFORMATION SESSION

Are you new to ABA?

ABIA is pleased to offer a **FREE** information session to families new to **ABA**.

This session will cover the following information:

- What ABA is.
- How to set up an ABA program.
- Where to start.
- Recruiting therapists.
- Sourcing funding.

This session is facilitated by an experienced professional in the Autism field.

REGISTER EARLY!

Numbers are limited to 12 participants.

VENUE



Autism Behavioural Intervention | **ABIA**
ASSOCIATION
Autism Behavioural Intervention Association
Level 1, 121 Maling Rd, Canterbury

TIME

Saturday, 10am-12noon (see dates below),

REGISTER

Complete registration form below and return to ABIA.

CONTACT

For more information, contact ABIA on
(03) 9830 0677 or email **info@abia.net.au**

✂ Please detach this section and return with payment

Registration Form – ABA Information Session

Program runs subject to minimum numbers. You will receive confirmation (or cancellation) of registration as applicable.

Name/s attending _____

Address _____

Postcode _____

Phon _____ Mob _____ email _____

2012 ABA Information Session Dates (Please tick preferred session)

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 11 | <input type="checkbox"/> March 24 | <input type="checkbox"/> May 12 |
| <input type="checkbox"/> June 16 | <input type="checkbox"/> July 28 | <input type="checkbox"/> September 1 |
| <input type="checkbox"/> October 13 | <input type="checkbox"/> November 24 | |

How did you hear about ABIA? Website I am a member Ad: _____ Other: _____

I would like to become a member: Student \$45 Family \$50 Sole Practitioner \$70 Org \$120

HOW TO PAY ABIA MEMBERSHIP

BY VISA#

BY MASTERCARD#

incurs 1% surcharge

BY ELECTRONIC FUNDS TRANSFER

BSB: 013 440 Account: 354057442

Please include name as reference and email remittance to info@abia.net.au

BY CHEQUE

Make cheque payable to ABIA

Name on Card: _____ Signature _____

Card number: _____ Exp Date: ____ / ____

POST: **ABA Information Session, ABIA, PO Box 239, Canterbury VIC 3126**

FAX: **03 9830 0211** | SCAN/EMAIL: **info@abia.net.au**