



2019 DIR-Floortime® Conference

A Developmental Relationship-Based Model for Children and Families with Autism

June 13th – June 14th • Raleigh, NC

Group Registration Form (3 or More People)

Please note, this is the Group Registration Form. Groups of 3 or more will receive a discounted rate of \$255, per registrant, until May 13th. After May 13th, the standard rate of \$295 applies to all registrants. A "Group Name" is required if you are registering as a group. This group name will be used to assist during sign-in at the conference.

Please list your group representative and their contact information below. Your group representative should be the contact person for your group if we need to reach you.

Payment can be made by check. The total payment amount for your group must be received with this registration form. Group registrants may pay individually, however, all payments must be included.

Group Representative Name: _____
First Name Last Name

Address: _____
Street Address Street Address Line 2

City State Postal/Zip Code

Group Representative Email: _____
A receipt of registration and payment will be sent to this email

Group Representative Phone Number: _____ - _____
Area Code Phone Number

Group Name: _____
i.e. ABC Therapy

Please include all group members, including the group representative.

	First Name	Last Name	Profession	Email Address
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Registration Fees:
_____ Early Bird (\$255/registrant – only available until May 13th)
_____ Regular (\$295/registrant)

Total Payment Included: \$ _____

Checks can be made payable to:
Pediatric Possibilities

Mail Payment and Registration Form to:
Pediatric Possibilities
7209 Creedmoor Rd. Suite 101
Raleigh, NC 27613

Note: Please include "Floortime Conference" on the check memo line.

You will receive an email confirmation once we process your registration and payment. Thank you!