



## Kids' Corner Presentation Registration

Please complete this form and return it to us by fax at **(949) 654-2428**

Practice: \_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Please list ALL times and days that best fit your office's schedule:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Please circle the Top 2 subjects of interest to your medical practice:

- ADHD
- ADHD vs. Mood Disorders
- Autism
- Special Education
- Speech and Language
- Other (specify): \_\_\_\_\_

**Please fax this form to (949) 654-2428. Thank you.**

*Center for Learning & Behavioral Solutions, Inc.*

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