



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.

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