



**Early Start Denver Model
Introductory Workshop Application**

**21 Bloomingdale Road
White Plains, New York 10605
November 9, 2015**

Applications will be reviewed until October 30, 2015, or until all spaces have been filled.

Program/Team Name:	
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Name of Contact Person:	
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Please complete contact information for yourself and for all team members who are applying to participate in the Workshop:

Main Contact Name:	Email Address:
Professional Background/Job Title:	Business Phone:
Highest Earned Degree & Certifications:	Home Phone:
Language(s) Spoken:	Mobile Phone:
Mailing Address:	

Team Member #2 Name:	Email Address:
Professional Background/Job Title:	Business Phone:
Highest Earned Degree & Certifications:	Home Phone:
Language(s) Spoken:	Mobile Phone:
Mailing Address:	

Team Member #3 Name:	Email Address:
Professional Background/Job Title:	Business Phone:
Highest Earned Degree & Certifications:	Home Phone:
Language(s) Spoken:	Mobile Phone:
Mailing Address:	

Team Member #4 Name:	Email Address:
Professional Background/Job Title:	Business Phone:
Highest Earned Degree & Certifications:	Home Phone:
Language(s) Spoken:	Mobile Phone:
Mailing Address:	

Please tell us why you are interested in participating in this workshop.

By signing below you acknowledge that, if accepted for the Introductory Workshop, you and all participants in your team:

- Understand English (all training will be provided in English)
- Have purchased, read and will bring a copy of the manual, *Early Start Denver Model for Young Children with Autism: Promoting Language, Learning, and Engagement*

The manual is available for purchase from various sources, including these:

<http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/rogers6.htm>

http://www.amazon.com/Early-Start-Denver-Children-Autism/dp/1606236318/ref=sr_1_1?ie=UTF8&qid=1388277130&sr=8-1

- Have purchased, read and will bring 1 copy of the *Early Start Denver Model Curriculum Checklist*

The curriculum checklist is available for purchase from various sources, including these:

<http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/rogers7.htm>

http://www.amazon.com/Denver-Curriculum-Checklist-Children-Autism/dp/1606236334/ref=pd_bxgy_b_img_z

- Will submit a training fee of \$500/member payable to Weill Cornell Medical College/CADB.
- Are liable for the travel and accommodation costs to White Plains, New York for training

Signed: _____ Date: _____

Please print name: _____

Please email your application to:

Marcella Bello
mab9254@med.cornell.edu