

# Miller Method Workshop Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_ Day 1:                      \$100 (Parent \$80)

\_\_\_ Day 1 & 2                 \$190 (Parent \$145)

Day 1:  
Provides an Overview of The Miller Method

Day 2:  
Demonstrates The Miller Method with live children on the autistic spectrum

MasterCard/Visa payments are accepted.

Name on card: \_\_\_\_\_

Account # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Or, make checks payable to **LCDC**, and mail to the workshop location:

Developmental Therapy Center  
3731 6<sup>th</sup> Avenue STE.103  
San Diego, CA 92103