



ASRC Workshop Registration
Saturday, November 3, 2007
Southern CT State University Conference Center



For any questions, please contact ASRC at 203-265-7717

PLEASE MAIL REGISTRATION FORM TO:

ASRC
 Lois Rosenwald
 101 North Plains Industrial Road, Harvest Park
 Wallingford, CT 06492

Registration Deadline is October 10th
Limited Seats Available

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

_____ I am enclosing a check for \$_____ made out to ASRC

_____ I would like to charge my Visa MasterCard Discover

Card Number _____

Name as it appears on card _____

Please indicate which workshop(s) you are registering for:

Topic: *CT BUREAU OF REHABILITATION*
Time: 9:30 am - 10:30 am
Fee: \$10.00

Topic: *THE DEPARTMENT OF SOCIAL SERVICES*
Time: 9:30 – 10:30 am
Fee: \$10.00

Topic: *SOCIAL SECURITY ADMINISTRATION*
Time: 9:30 – 10:30 am
Fee: \$10.00

Topic: *DEPARTMENT OF MENTAL RETARDATION &*
 THE DEPARTMENT OF CHILDREN & FAMILIES
Time: 10:30 am - 11:30 am
Fee: \$10.00

Topic: METLIFE AND CONNECTICUT PLAN
Time: 10:30 – 11:30 am
Fee: \$10.00