Fondation Autisme Luxembourg
Sous le Haut Patronage de Son Altesse Royale la Grande-Duchesse

to return to **Fondation Autisme Luxembourg**

68, route d'Arlon, L-8310 Capellen or formation@fal.lu

REGISTRATION FORM (1 form per participant / training)

Title of the training .....

Date of the training .....

Mrs/ Miss/ Mr

Name/first name .....

Address .....

Postal code ..... City ..... Country .....

Telephone ..... E-mail .....

I am :
O parent O student O accompanyist O volunteer O professional : teacher, psychologist, ...

Basic knowledge about autism : O yes O no

If the training is supported by an institution/organisation:

The director, Mrs, Mr .....

Institution / organisation .....

Full address (**MANDATORY)**: Street .....

Postal code ..... City ..... Country .....

Telephone ..... Fax .....

E-Mail .....

For people with autism, parents and students: 50 % discount.

For volunteers and those accompanying a holiday: free.

The invoice will be sent after the training.

Billing address (if different) .....

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Remarks or questions .....

City ..... Date .....

Signature ..... Stamp .....