

CONFERENCE _____ SOURCE _____ DATE _____

FUTURE HORIZONS, INC
WEBINAR REGISTRATION FORM

NAME _____

CONTACT / SCHOOL / ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE () _____ Email: _____

Attendees: _____

- Autism: The Way I See It
- Meet Dr. Temple Grandin
- Portland, OR Area
- August 14th, 2026

_____ General Admission \$64.95

_____ TOTAL NUMBER **TOTAL** _____

MC VISA AMEX DISCOVER

CARD # _____ EXP _____ AVS _____