



Earn Graduate Credit by Extending Your Conference Experience!

In cooperation with Augustana College, and Future Horizons, Learner's Edge Inc. is pleased to offer attendees of the Future Horizons' Autism and Asperger's Syndrome Conferences the following graduate semester credit options.

Course 545-FH-10: Future Horizons 2010 Autism/Asperger's Syndrome Conference – Kansas City, MO—November 12, 2010

Registrations for credit must be received no later than 30 days after the conference/workshop end date.

Please register with Learner's Edge to receive a complete course syllabus. You must register prior to completing the extension coursework.

Extension Requirements:

To earn 1-credit: (see full syllabus-mailed to you upon registration)

Educators attend at least 5 hours of sessions, reflect upon each session, complete lesson/action plans, and complete an investigation requirement

To earn 3-credits: (see full syllabus-mailed to you upon registration)

Educators attend at least 5 hours of sessions, reflect upon each session, read recommended text and create text questions, and complete an application requirement

In cooperation with our partner colleges and universities, Learner's Edge also offers over 60 text-based distance learning graduate courses, along with 4 online courses. Please visit www.LearnersEdgeInc.com for more details.

Registration:

- Fill out this registration form completely.
- Mail/fax this form to Learner's Edge Inc. 10523 165th Street West, Lakeville, MN 55044. Fax 952.469.2790

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____ Grade(s) you teach _____

District Name _____ School Name _____ School County _____

Have you previously taken a course from Learner's Edge Inc.? Yes or No (circle)

Augustana College Credit
Kansas City, MO—November 12, 2010
 Registrations for credit must be received no later than 30 days after the conference/workshop end date.

Please check one option: 1 semester credit = \$110 3 semester credits = \$310

VISA/MC/Discover: _____ Exp _____ / _____

Name on card: _____ CVC Code (3 digit code on back of card) _____

Is billing information different than above? Yes or No (please circle). If yes, please indicate in the space provided below.

Billing address: _____

Signature: _____ Paid with Check # _____

_____ I am registering for the Summer Session and the completed course work is due August 15

_____ I am registering for the Fall Session and the completed coursework is due November 30