



The Baby STEPS to Stronger Big Island Families Council
 in conjunction with
 The Mayor's Advisory Committee on Early Childhood
 presents



Margaret L. Bauman, M.D.
"Autism Spectrum Disorders: Complex but Manageable"

O'AHU:
Thursday, Dec. 9, 2010
9:00am-12:00pm
Capitol Auditorium

WAIKOLOA:
Friday, Dec. 10, 2010
9:00am-12:00pm
Waikoloa Beach Marriott Resort & Spa
 Special hotel rate: \$129 refer to code: FOFFOFA

WAIKOLOA:
Saturday, Dec. 11, 2010
9:00am-12:00pm
Waikoloa Beach Marriott Resort & Spa
 Special hotel rate: \$129 refer to code: FOFFOFA

Dr. Margaret L. Bauman is a distinguished pediatric neurologist and research investigator who has been a pioneer in the study and treatment of autism for the past twenty-five years. Renowned for a wealth of clinical and research advances, Dr. Bauman's dedicated career is best exemplified by her establishment and development of The Autism Research Foundation (TARF), The Autism Research Consortium (TARC), LADDERS (Learning and Developmental Disabilities and Rehabilitation Services) and The Autism Treatment Network (ATN).

MUST register by Tuesday, Nov. 30, 2010

PLEASE COMPLETE THE FORM BELOW AND SEND WITH PAYMENT FOR O'AHU OR WAIKOLOA
A limited number of scholarships are available for family members of individuals with ASD

 Please Print Clearly

Complete ONE form for each registrant

Last Name: _____ First Name: _____

Organization Name: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please place a check mark in one of the boxes below and submit with payment.

Thursday, Dec. 9
in O'AHU @ \$20.00
Continental breakfast provided

Friday, Dec. 10
in WAIKOLOA @ \$30.00
Continental breakfast provided

Saturday, Dec. 11
in WAIKOLOA @ \$30.00
Continental breakfast provided

_____ Please place a checkmark on this line if you would like to be considered for a family member scholarship

Enclosed is check number _____ for \$ _____ payable to: **FRIENDS OF THE FUTURE**

Please charge credit card: _____ VISA _____ Master Card

Card No: _____ Exp. Date: _____

Name as it appears on card (please print) _____ Authorized signature: _____

Send registration forms & make checks payable to:

FRIENDS OF THE FUTURE - P.O. Box 2655, Kamuela, HI 96743

For more information call Angela at 887-1228 or email: athomas@fofhawaii.org