



OPTIMIZING AUTISM

TRAINING REGISTRATION FORM

EMAIL: hello@aimsglobal.info

Personal Information	
Full Name	
Gender	
Date of Birth	
Marital Status	
Nationality	
Contact Number	
Email Address	
Physical Address	
Skype contact	
Current Job Title	

TRAINING OPTIONS

Please indicate which Level of training you wish to attend:

AIMS Level 1 Tutor	<input type="checkbox"/>	Helper / Nanny Training	<input type="checkbox"/>	Life Coach Training	<input type="checkbox"/>
AIMS Level 2 Therapist	<input type="checkbox"/>	Teacher Training	<input type="checkbox"/>		<input type="checkbox"/>
AIMS Level 2 Supervisor	<input type="checkbox"/>	School Workshops	<input type="checkbox"/>		<input type="checkbox"/>