

PERMISSION FORM FOR USING AUTISM FUNDS FOR ACT EVENTS



If you wish ACT to invoice MCFD directly in order to use your autism funding to pay for an ACT event, please complete this form and return to ACT by email, mail, or fax. **All fields are required.** For any questions about this form, please contact the ACT office.

Name of Registrant (s): _____







Child's Name: _____

Phone Number and/or Email: _____

Name of Workshop: _____

Date(s) of Workshop: _____ Registration Fee: _____

By signing, the registrant confirms the following (please initial each box to confirm):

-  The *Request to Pay Service Provider Form* has been completed and forwarded to ACT – Autism Community Training. ACT will forward it to the Autism Funding Branch on your behalf.
-  The Autism Funding Branch has confirmed to you that there are sufficient funds in the child's account for this registration fee.
-  If cancelling, ACT will be informed as soon as possible in writing.
-  The applicable registration fee is based on the date that this form is returned to ACT by the person registering.
-  Full payment from the registrant is required if the Autism Funding Branch cannot provide payment due to insufficient funds in the child's account.
-  I give permission for ACT – Autism Community Training to confirm with the Autism Funding Branch that they will pay this invoice.

Signature of Registrant

Date