Autism in Somali Children: Building Partnerships to Improve Care

Working together with Education and Medical systems, Families and Interpreters

Jointly sponsored by the Minnesota Department of Health, the Minnesota Department of Education, the HEAL Institute, the Fraser Institute, the Minnesota Chapter of the American Academy of Pediatrics, the Somali American Autism Foundation (SAAF), PACER, Celebrate the Spectrum Center, Minneapolis and St. Paul Public Schools

Friday, June 12, 2009 8am -2:00pm

MN Department of Education, Conference Center B (park on the West Side of building)
1500 Highway 36 West, Roseville, MN 55113 for directions go to:
http://education.state.mn.us/MDE/About_MDE/004657

Marshalyn Yeargin-Allsopp, MD, FAAP
Centers for Disease Control and Prevention
Autism medical epidemiologist and chief of the Developmental Disabilities Branch of the CDC's National Center on Birth Defects and Developmental Disabilities.

Speakers include:

- **Anne Edwards, MD, FAAP, President of the Minnesota chapter of the American Academy of Pediatrics**
- **Michael Reiff, MD, FAAP, University of Minnesota**
- **Marshalyn Yeargin-Allsopp, MD, FAAP, Centers for Disease Control and Prevention**
- **Donna Asher, Lisa Bechtold from the Minneapolis Public Schools**
- **Judy Punyko, Ph.D., M.S. Lola Jahnke, MSW, LISW from MDH**
- **Parent Panel: Idil Abdull and Abdulkadir Diriye**

Registration for Friday, June 12th, 2009 (due June 6th)

Pre-registration is required. Please complete this registration and return by mail, email or fax by June 6th, 2009. Registration is also accepted by telephone with full details.

NAME(Please print clearly)_____
ORGANIZATION: _____ **E-MAIL**_____
ADDRESS_____**CITY**_____**STATE**____**ZIP**_____
For registration purposes, I am a: ☐Medical provider ☐Education provider ☐Human Services provider
☐Interpreter ☐Somali Parent ☐Other: please describe_____
Do you need continuing education credits? ☐Yes ☐No Certificates of attendance and evaluation will be available.

Registration Fee: $10 for parents and community members **$35** for medical, social service and educational professionals
There are 20 scholarships available for Somali parents. Do you need a scholarship for your registration? ___

Registration Payment (Please check one):

- ☐ Check: payable to "Fraser" (enclosed) for $ _____
- ☐ Purchase Order #_____ for $ _____
- ☐ I am applying for a scholarship
- ☐ Credit Card: ___ Visa ___ MasterCard Name (exactly as on card): _____
  Billing Address:_____ City_____ State_____ Zip:_____
  Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Fee paid: _____**
  Expiration Date: _____ Sec. Code: _____ Signature: _____

Please complete this form and mail or fax your registration to: Fraser, Attention Heidi Burch, 2400 West 64th Street, Minneapolis, MN 55423 (Credit card and P.O. registrations only may be faxed to 612-861-6050). If you have additional questions or need accommodations under ADA, please email cairns@mnaap.org or call 651-402-2056.