



The Interdisciplinary Council on
Developmental and Learning Disorders

15TH ANNUAL INTERNATIONAL ICDL CONFERENCE

The DIR[®]/Floortime Approach

**Bridging Developmental Disabilities,
Learning Differences and Mental Health**

November, 11, 12 and 13, 2011

Hilton Washington DC/Rockville Hotel and Executive Meeting Center
Rockville, Maryland (Washington, DC Metro Area)

Featuring Panels on

Cutting Edge Research in Autism Spectrum Disorders

With presentations by Ami Klin, Ph.D., Stuart Shanker, D. Phil., Jim Stieben, Ph.D.,
Gregory Abowd, D. Phil., Ivan Riobo, MBA and Joshua Feder, M.D.



Promoting Social-Emotional Capacities in the Community

With presentations by Rick Solomon, M.D., M.P.H., José Cordero, M.D., M.P.H.,
Molly Romer Witten, Ph.D., Devin Casenhiser, Ph.D., and Ari Ne'eman



Lessons Learned from Children Exposed to Trauma: Implications for Learning Differences and Developmental Disabilities

With presentations by Joy Osofsky, Ph.D., Gerard Costa, Ph.D., Barbara Kalmanson, Ph.D.,
Rebecca Shahmoon Shanok, Ph.D., Connie Lillas, Ph.D., and Charles Cartwright, M.D.



Parent Panel: Growing With Our Children

A discussion by and for parents of children with autism and related challenges.

DIR/Floortime Discussions

(see complete list of topics inside)

Applying the DIR/Floortime Model to Mental Health and Developmental Challenges
Faced by Children and Adolescents

Pre- and Post-Conference Workshops

(see complete list of workshops inside)

Pre-Conference Workshops, 10:00 am–12 Noon, Friday morning, November 11

Post-Conference Workshops, 1:30–3:30 pm, Sunday afternoon, November 13

ICDL Annual Conference: Nov. 11–13, 2011

Registration Form



To register online, visit www.icdl.com.

Last Name _____

First Name _____

Daytime Telephone (____) _____

Email address _____
Your registration confirmation will be sent to your email address.

Organization: _____

Address: _____

City _____ State _____ Zip _____

Country _____

How did you hear about this conference?

- an email
 an ad in a magazine or journal
 the ICDL website
 other _____

I am attending this conference in my role as a (Check both, if applicable.)

- Professional Parent

Profession

- Education Pediatrics
 Music and/or Dance Therapy Psychiatry
 Occupational/Physical Therapy Psychology
 Nursing Speech/Language Pathology
 Neurology Social Work
 Other _____

- I speak Spanish and/or work with Spanish Speaking Families

Registration Fees

Registration fee includes access to conference website with handouts, breaks and certificate of attendance.	Early Bird Postmark by 10/3/2011	Regular Postmark after 10/3/2011	On Site
Conference	\$325	\$375	\$425
Saturday Afternoon Only	\$95	\$125	\$155
One Workshop	\$95	\$125	\$155
Two Workshops	\$150	\$210	\$270

For information on group registration discounts, write groupdiscount@icdl.com or call 301-656-2667

I am registering for (check all that apply)		
<input type="checkbox"/>	Conference (includes Saturday afternoon)	\$
<input type="checkbox"/>	Saturday Afternoon Only	\$
Pre-Conference Workshop on Friday, Nov. 11		
<input type="checkbox"/>	1. Coaching Floortime Players	\$
<input type="checkbox"/>	2. Coaching Parents and Professionals	\$
<input type="checkbox"/>	3. Developmental Approach to Behavioral Problems	\$
<input type="checkbox"/>	4. Functional Emotional Assessment Scale	\$
<input type="checkbox"/>	5. Learning to Play & Playing to Learn	\$
<input type="checkbox"/>	6. Talking or Communicating	\$
Post-Conference Workshop on Sunday, Nov. 13		
<input type="checkbox"/>	7. Bipolar Disorder, ADHD & Asperger Disorder	\$
<input type="checkbox"/>	8. Severe Apraxia & its Impact in Play & Communication	\$
Additional Tax Deductible Donation to Support:		
<input type="checkbox"/>	ICDL Initiatives	\$
<input type="checkbox"/>	Stanley I. Greenspan, M.D. Memorial Scholarship Fund	\$
	SUBTOTALS	
	Conference Registration	\$
	Saturday Afternoon Only	\$
	Workshop(s)	\$
	Tax Deductible Donation	\$
	TOTAL ENCLOSED:	

Method of Payment

- Visa MasterCard Check (payable to ICDL)

Purchase order number: _____

Cardholder Name _____

Cardholder Signature _____

Card Number _____ Exp _____

Cardholder Address if different from address above:

Make all checks payable to the Interdisciplinary Council on Developmental and Learning Disorders (ICDL) and Mail to: 4938 Hampden Lane, Suite 800, Bethesda, MD 20814

We are not able to accept registrations by fax or phone, although messages and inquiries are welcome at 301-656-2667.

Confirmation: Your confirmation will be emailed to the address above.

Cancellation Policy: Cancellations must be in writing and received **on or before November 4, 2011** to receive a full refund. Cancellations after that date are subject to a \$75 administrative charge. **NO CANCELLATIONS AFTER NOVEMBER 10, 2011.** Email cancellations to registration@icdl.com or mail to ICDL, 4938 Hampden Lane, Suite 800, Bethesda, MD 20814.

ADA: If you have special needs, please contact the ICDL Registrar at 301-656-2667 or registration@icdl.com.