

Hanen workshop registration form

Please complete and fax or mail this form with payment to the contact below.

Personal information - please print clearly

PARTICIPANT NAME

TITLE

ORGANIZATION

HOME STREET ADDRESS

CITY, STATE/PROVINCE

ZIP CODE/POSTAL CODE

HOME TELEPHONE NUMBER AND CELL PHONE NUMBER

WORK TELEPHONE NUMBER (WITH EXTENSION)

FAX

E-MAIL

Workshop fee:

EARLY BIRD FEE: \$720 US

Must be received by: January 14, 2010

REGULAR FEE: \$770 US

Deadline: January 28, 2010

Enrollment is limited to 14 participants.
Registrations are only confirmed on a
first-come, first-served basis and
**are not guaranteed until full payment has
been received.**

Payment: VISA MASTERCARD

CHECK (Payable to The Hanen Centre)

* Purchase orders cannot be accepted

CARD NUMBER

EXPIRY DATE

SIGNATURE

RECEIPT SHOULD BE MADE OUT TO

FEBRUARY 25 - 27, 2010

3-Day Hanen Certification Workshop for Speech-Language Pathologists on It Takes Two to Talk® - The Hanen Program® for Parents

Workshop Location:

College of Public Service
School of Health Sciences, Department of CMD
350 W. Woodrow Wilson, Jackson Medical Mall
Room 245, Jackson, MS 39213

For more information:

Lorie Kientz, Workshop Coordinator
The Hanen Centre, Phone: (416) 921-1073 ext. 236
Email: Lorie.Kientz@hanen.org

Fax or mail registration form & fee to:

Lorie Kientz, Workshop Coordinator
Fax: (416) 921-1225 or Toll-Free Fax: 1-800-380-3355
The Hanen Centre, 1075 Bay Street, Suite 515
Toronto, Ontario, M5S 2B1, CANADA

Hotel Information: Workshop participants are responsible for researching and arranging their own travel and accommodations. Hotels near the workshop include

- Courtyard by Marriott (601-956-9991, www.marriott.com) 7.3 miles to venue
- Jackson Hilton & Convention Center (601-957-2800, www.hiltonjackson.com) 7.7 miles to venue
- Old Capitol Inn (B&B) (601.359.9000, www.oldcapitolinn.com) 3.2 miles to venue

CANCELLATION POLICY: 75% of workshop fee will be refunded if written notification of cancellation is received and a substitute can be found. No refunds if a substitute cannot be found.

I am a speech-language pathologist with a master's degree in speech-language pathology or its equivalent. **Please write your initials here as confirmation:**

My ASHA Certification or State License #:

Please describe your experience with language training programs for groups of parents:

How did you hear about this workshop?

WEB MAIL AD COLLEAGUE