

Hanen workshop registration form

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

Personal information - 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: \$770 US
Must be received by: January 12, 2010

REGULAR FEE: \$820 US
Deadline: January 26, 2010

Enrollment is limited to 14 participants.
**Registrations are 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 23 - 25, 2010

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

Workshop Location:

292 Madison Avenue, 2nd Floor
New York, New York 10017

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 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

- Thirty Thirty (212-689-1900, www.thirtythirty-nyc.com) .8 miles to venue
- On the Avenue (212-362-1100, www.ontheavenue-nyc.com) 2.7 miles to venue
- Hotel Casablanca (212-869-1212, www.casablancahotel.com) .5 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