

Hanen workshop registration form

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

Personal information

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: December 17, 2009

REGULAR FEE: \$770 US

Deadline: January 7, 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 4 - 6, 2010

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

Workshop Location:

Excel Speech Therapy Center

7907 Ostrow Street, Suite D, San Diego, CA 92111

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:

Attention: 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 (858-573-0700, www.marriott.com) 1.5 miles to venue
- Doubletree Hotel Mission Valley (619-297-5466, www.doubletree.com) 5.0 miles to venue
- Handlery Hotel & Resort (619-298-0511, www.handlery.com) 5.3 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