

Hanen workshop registration form

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

Tax Invoice: This document will be a tax invoice for GST purposes when fully completed and you make a payment. Please keep a copy for your records. ABN 62 006 245 996

Personal information

PARTICIPANT NAME

TITLE

ORGANIZATION

HOME STREET ADDRESS

CITY, STATE, POST CODE

HOME TELEPHONE NUMBER AND MOBILE NUMBER

WORK TELEPHONE NUMBER

FAX

E-MAIL

Workshop fee: \$1200 AUD (includes GST)

Lunch and morning tea will be provided

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

Payment Options:

- Cheque - Irabina Childhood Autism Services
 Visa MasterCard

CARD NUMBER

EXPIRY DATE

SIGNATURE

RECEIPT SHOULD BE MADE OUT TO

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

MARCH 17 - 19, 2010

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

Workshop Location:

Irabina Childhood Autism Services
193 Bayswater Road, Bayswater, 3153 VIC

For more information:

Aggie Leung
Phone: (03) 9720 1118 Email: aggie@irabina.com

Send registration form & fee to:

Orla Murphy
Irabina Childhood Autism Services
193 Bayswater Road
Bayswater, 3153

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

- Victoria House Motor Inn (331 Maroondah Hwy, Croydon, 03-9725-1955, www.victoriahouse.com.au) 6.3 kms to venue
- Quest Wantirna (137 Mountain Hwy, Wantirna, 03-9801-6044, www.questknox.com.au) 7.4 kms to venue
- Quality Hotel Manor (669 Maroondah Hwy, Mitcham, 03-9872-4200, www.qualityhotelmanor.com.au) 7.7 kms to venue

I am an Australian/New Zealand trained speech pathologist with a Bachelors Degree in speech pathology or its equivalent. I am eligible for membership with Speech Pathology Australia/New Zealand Speech-Language Therapists' Association. Please write your initials here as confirmation:

My SPAA #: _____

My NZSTA #: _____

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

I am familiar with Hanen Programs: YES NO

NOTE: If you are a speech-language therapist from outside Australia or New Zealand, please contact Lorie Kientz at The Hanen Centre at Lorie.Kientz@hanen.org. Please do not send in a registration form until you have received approval from The Hanen Centre.