

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: January 27, 2010

REGULAR FEE: \$770 US

Deadline: February 10, 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

MARCH 10 - 12, 2010

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

Workshop Location:

People Inc. Training Center, Meeting Room #1
976 Delaware Avenue, Buffalo, NY 14209

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

- Embassy Suites Buffalo Downtown (716-842-1000, www.embassysuites1.hilton.com) 1.5 miles to venue
- Hampton Inn Buffalo Downtown (716-855-2223, www.hamptoninn.com) 1.4 miles to venue
- Holiday Inn Buffalo Downtown (716-886-2121, www.hibuffalodowntown.com) 0.7 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