

Hanen workshop registration form

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

Personal information

PARTICIPANT NAME

PROFESSIONAL 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: \$850 CDN

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: CHEQUE payable to:
KIDS Edmonton Public Schools

CANCELLATION POLICY: Two weeks
notification of cancellation is required.

MARCH 29 - 31, 2010

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

Workshop Location:

KIDS North Office
101 Airport Road
Edmonton AB, T5G 3K2

For more information:

Maureen Gates
Phone: 780-456-8514
Fax: 780-451-1568
Email: maureen.gates@epsb.ca

Send registration form & fee to:

Maureen Gates, SLP
KIDS North Office
101 Airport Road
Edmonton Alberta, T5G 3K2

Hotel Information: Information is available upon
request.

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

If US SLP: My ASHA Certification or State License #:

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

I am familiar with Hanen Programs: YES NO