

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: \$725 US**
Must be received by: January 18, 2010
- REGULAR FEE: \$775 US**
Deadline: February 11, 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 Allied Rehab)

CARD NUMBER

EXPIRY DATE

SIGNATURE

RECEIPT SHOULD BE MADE OUT TO

CANCELLATION POLICY: 75% refund if a
replacement is found otherwise no refund.

MARCH 11 - 13, 2010

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

Workshop Location:

Allied Rehab, 900 S Franklin Street, Suite 201
Wake Forest, NC 27587

For more information:

Deb Hickman, Phone: (919) 556-1700
Email: dhickman@alliedrehab.net

Fax or mail registration form & fee to:

Allied Rehab
833 D Wake Forest Business Park
Wake Forest, NC 27587 Fax: (919) 556-1245

After December 1 - new address:

Allied Rehab
900 S Franklin Street, Suite 201
Wake Forest, NC 27587 Fax: (919) 556-1245

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

- Hampton Inn (12318 Wake Union Church Road, Wake
Forest, NC 27587, 919-554-0222,
www.hamptoninn.com)
- Sleep Inn (12401 Wake Union Church Road, Wake
Forest, NC 27587, 919-556-4007,
www.sleepinnwakeforest.com)
- Holiday Inn Express (111400 Common Oaks
Drive, Raleigh, NC 27614, 919-570-5550,
www.hiexpress.com)

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:

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