

# Hanen workshop registration form

Please complete and fax or 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: \$850.00 US**

Enrollment is limited to 14 participants.  
All Registration forms MUST be accompanied by  
payment in full.

**Payment:**  VISA  MASTERCARD

CHECK (Payable to: **Easter Seals NH The Family Place**)

CARD NUMBER

EXPIRY DATE

SIGNATURE

RECEIPT SHOULD BE MADE OUT TO

**CANCELLATION POLICY:** Full refunds with written cancellation notice 2 or more weeks prior to the first day of the workshop. **Partial** refunds with written cancellation notice between 5 days and 2 weeks prior to the first day of the workshop. **No** refunds provided less than 5 business days prior to the first day of the workshop.

**APRIL 29 - MAY 1, 2010**

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

## Workshop Location:

Easter Seals NH  
The Family Place @ The McConnell Center  
Second Floor, Conference Room  
61 Locust Street, Dover, New Hampshire 03820

## For more information:

Sherry Paplaskas or Patti Rawding-Anderson  
Phone: (603) 895-1522  
Email: spaplaskas@eastersealsnh.org  
panderson@eastersealsnh.org

## Send registration form & fee to:

Easter Seals NH, The Family Place  
135 Rte. 27 Suite 2, Raymond, NH 03077  
FAX: (603) 895-1525

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

- Days Inn (481 Central Avenue, Dover, NH 03820, 603-742-0400, www.daysinn.com) *\*\*mention Easter Seals to receive discounted rate ~ \$72.00/night.*
- Microtel-Inn Dover, 31 Webb Place, Dover, NH, (603)953-0800
- Comfort Inn, 10 Hotel Drive, Dover, NH, (603) 750-7507

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:

I am familiar with Hanen Programs:  YES  NO