

Hanen workshop registration form

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

Personal information - print clearly

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:

- EARLY BIRD FEE: \$740 US**
Must be received by: March 10, 2010
- REGULAR FEE: \$790 US**
Deadline: March 24, 2010

Enrollment is limited to 14 participants.
**Registrations are only 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

APRIL 21 - 23, 2010

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

Workshop Location:

KenCrest Services, 502 West Germantown Pike, Suite 200, Plymouth Meeting, Pennsylvania 19462

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:

Lorie Kientz, Workshop Coordinator
Fax: (416) 921-1225 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

- Spring Hill Suites by Marriott (610-940-0400, www.marriott.com) 1.3 miles to venue
- Hampton Inn (610-567-0900, www.hamptoninn.com) 1.5 miles to venue
- Doubletree Guest Suites Hotel (610-834-8300, www.doubletree.com) .3 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