

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: \$720 US**
Must be received by: February 25, 2010
- REGULAR FEE: \$770 US**
Deadline: March 11, 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 8 - 10, 2010

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

Workshop Location:

Good Samaritan Children's Therapy Unit
402 - 15th Avenue SE, Suite 100, Puyallup, WA 98372

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

- Holiday Inn Express (253-848-4900, www.ichotelsgroup.com) 2.0 miles to venue
- Best Western Park Plaza (253-848-1500, www.bestwestern.com) 1.9 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