

# 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: April 8, 2010**

**REGULAR FEE: \$790 US**

Deadline: April 22, 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

**MAY 20 - 22, 2010**

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

## Workshop Location:

Portland Scottish Rite Center  
709 SW 15th Avenue, Portland, OR 97205

## For more information:

Lorie Kientz, Workshop Coordinator  
The Hanen Centre, Phone: (416) 921-1073 ext. 236  
Email: [Lorie.Kientz@hanen.org](mailto: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

- Marriott Courtyard Portland City Center (503-505-5000, [www.marriott.com](http://www.marriott.com)) 0.7 miles to venue
- Hotel DeLuxe (503-219-2094, [www.hoteldeluxeportland.com](http://www.hoteldeluxeportland.com)) adjacent to venue
- Governor Hotel (503-224-3400, [www.governorhotel.com](http://www.governorhotel.com)) 0.2 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