

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 29, 2010

REGULAR FEE: \$790 US

Must be received by: May 13, 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 _____

JUNE 10 - 12, 2010

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

Workshop Location:

Student Achievement Resource Center (SARC)
14188 E. Briarwood Avenue, Centennial, CO 80112

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 or 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

- Embassy Suites (303-792-0433, www.embassysuites1.hilton.com) 3.3 miles to venue
- Sheraton Denver Tech Center (303-799-6200, www.starwoodhotels.com) 2.9 miles to venue
- Candlewood Suites (303-792-5393, www.ichotelsgroup.com) 3.0 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