## **Logo&name SCRC Workshop Registration Form**

## Receipts will be provided on site.

## Registration is not refundable but is transferable to another participant.

## Sessions may be cancelled 5 days in advance due to lack of registrations. In this event a full refund will be processed.

## If the workshop is full, you will be contacted to discuss other available dates.

## ***Please remember to share workshop session information (parking, hours, what to bring) with all registered participants.***

## 

|  |  |  |
| --- | --- | --- |
| **Participant’s Name:** | Phone: | e-mail address: |

|  |
| --- |
| **Agency/ School:** |

**Please check one of the following. I am a....**  Parent (free)  Speech Language Pathologist  Occupational Therapist

 Resource Teacher  Classroom Teacher  Educational Assistant  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would like to register for the following workshop(s):**

|  |
| --- |
| Title of Workshop Date: |
| Title of Workshop Date: |

If wishing to attend through Telehealth, please provide name of community you live in and/or your nearest Health Centre. All participants attending through telehealth **MUST** submit a registration form. If available, telehealth bookings are set-up through the Rehab Centre for Children. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please refer to workshop package for fee schedule).

Mail this registration form, along with a check payable to *Rehabilitation Centre for Children* to:

***Dominique Gagne, SCRC Workshop Registration,***

***SSCY Centre Rehab Centre for Children, 1155 Notre Dame Avenue, Winnipeg, MB R3E 3G1***