## **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  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: |

 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:

 ***Yvonne Kash, SCRC Workshop Registration,***

 ***SSCY Centre***

 ***1155 Notre Dame Avenue***

 ***Winnipeg, MB R3E 3G1***