

**WORKSHOP REGISTRATION**

Return this form to:



**Innovative Therapy Services**  
1090 Homestead Road, Santa Clara, CA 95050  
EMAIL: [ussom@pediatricspeech.com](mailto:ussom@pediatricspeech.com) or FAX: (408) 241-3156

**DATES:** April 8th, 2016  
**TIME:** 5:30 pm to 7:00pm (Bi-weekly)  
**LOCATION:** 1090 Homestead Road,  
Santa Clara, Ca 95050

*There are limited spots for this class to ensure optimal hands on learning. Please enroll early*

**COST:** \$50 for the entire 4 session (Registration can be by mail, phone or fax. If mailing, please address in stamped envelope). *Do not email your credit card information. If emailing registration, call and give your credit card information.*  
*If you need accommodations please call at least two weeks prior to the event date and we will be happy to assist you.*

**NAME :** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Cardholder name:** \_\_\_\_\_

**Card #:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **3 digit CVC:** \_\_\_\_\_

**Signature:** \_\_\_\_\_