



Innovative Therapy Services
Pediatric Speech-Language Services

2010 Parent Workshop Registration Form

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Workshops

** Please note all classes are limited to 10 participants*

Date: February 20st, 2010 @ 9:30am – 11:30am

#1. Learning Language skills in a natural way...Like all children

Date: March 27th 2010

#2. Relationship Language (Connecting and supporting your child's language skills functionally)

Date: April 24th 2010

#3. It Sounds Funny at the Dinner Table, Not in public!
(Teaching Functional Problem Solving and Social Self Monitoring in Public Situations)

Date: May 22nd 2010

#4. Mealtimes and Teeth Brushing Should not be Torture!
(Great Ideas: for dealing with feeding issues and oral motor-sensory issues)

Registration Fee for each workshop is \$20.00 for current clients and \$25.00 for non-clients.
(Fees are due at time of registration and are non-refundable)

Check Workshop(s) attending: #1, #2, #3, #4

(We accept Visa / Master Card, Cash or Checks - Payable to Innovative Therapy Services)

Credit Card # _____ Exp Date _____

Signature : _____

Office Use only: Fee(s) Collected – Client ____ / non- client ____ = \$ _____