

SCRC Workshop Registration Form

- Receipts will be emailed, printed copies available upon request.
- **Fees are transferable, but non-refundable.**
- 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.
- **ONE person per registration form**

Participant's Name:	Phone:	e-mail address:
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Agency/ School:

Please check one of the following.

- Parent (free) Speech Language Pathologist Occupational Therapist
 Resource Teacher Classroom Teacher Educational Assistant Other _____

I would like to register for the following workshops:

Title of Workshop	Date:
Title of Workshop	Date:

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

First Choice: _____ Second Choice: _____

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

Mail this registration form, along with a check **PAYABLE TO: Rehab Centre for Children**

Mail to: *Melody Hooper, SCRC Workshop Registration,
SSCY Centre, Rehab Centre for Children, 1155 Notre Dame Avenue, Winnipeg, MB R3E 3G1*