

“Sensory Processing & The Effects on Learning and Behavior”

Workshop Registration Form

Complete one form per person.

PLEASE PRINT LEGIBLY

Name of person attending (Required):		Professional License # (If applicable):	
Agency Name:		Circle Preference: <div style="display: flex; justify-content: space-around; width: 100%;"> CEUs CPDUs </div>	
City:		State:	Zip:
Phone # (Required):	Fax (If available):	E-mail address (If available):	
Workshop preference/s (Circle choice):			
Selection 1: February 15, 2012 8:30-3:30 \$155.00		Selection 2: February 15, March 14 & April 18, 2012 8:30-3:30 \$350.00	
<p>The cost of the workshop is: \$155.00 for the first day - \$350.00 for all 3 days. Ask about our group rate.</p> <p>ILOTA members will receive a discounted price of \$325.00 for the 3-day workshop.</p> <p>Lunch will be provided.</p> <p>Please make checks payable to: Barbara Olson Center of Hope</p> <p>Be sure to include the workshop dates that you will be attending on the memo line of your check.</p> <p>For any questions please call: (815) 964-9275 ext. 233 Fax (815) 964-9607 Space is limited. Fee is non-refundable.</p>		<p>Please mail your completed registration form with your check to:</p> <p style="text-align: center;">Barbara Olson Center of Hope Attn: Occupational Therapy Dept. 3206 North Central Ave. Rockford, IL 61101</p> <p>Or email this form w/credit card info to: Valexander@b-olsoncenterofhope.org</p> <p>Credit card type: _____</p> <p>Name on card: _____</p> <p>Card number: _____</p> <p>Expiration Date: _____</p> <p>Security Code: _____</p>	