

REGISTRATION FORM

SPACE IS LIMITED! The deadline to register is Feb. 20, 2009

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: _____ Alternate Phone: _____

E-mail: _____

Employer: _____

Check One

Part 1 - February 27, 28 only - \$495.00

Part II - 5 Day Practicum only March 2 through March 6 - \$2400.00

Part 1 and Part II - both - \$2495.00

Signature: _____ Date: _____

Please make check payable to: Swallowing Diagnostics, LLC

send payment and form to: Swallowing Diagnostics Workshop
21 Waterville Road
Avon, CT 06001