

## *Registration Form*

*Name:*

*Address:*

*Telephone:*

*Employer:*

*E-mail:*

*Workshop Fee includes lunch:*

*WCSLHA Members*

*\$25.00 Members*

*\$75.00 Non-Members*

*\$25.00 Full-Time Students*

*Make check payable to WCSLHA*

**Please send registration even if you are waiting for a PO from your district**

*I am a member of WCSLHA and am  
enclosing \$25.00 for the workshop.*

*I am a guest and am enclosing \$75*

*I am a full-time speech pathology  
student and am enclosing \$25.00.*

*Mail registration to by 10/1/2014 to:*

*WCSLHA C/O Dina Kozlowski, 1 Brian Way Belvidere NJ 07823*

*Please Register Early*