

Alert Program[®] Conference Registration Form

What city/state is the conference being held in: _____
Name _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Fax _____ Email _____
Profession _____ Employer _____

Registration Options (check one)

Group Rate: \$250 if postmarked or faxed 3 weeks prior to the conference date. We encourage team members to come to the conference together. In the same envelope, mail 3 or more registration forms with payment to receive group rate. (Sorry no purchase orders for group rate).

Or

Early Registration: \$295 if postmarked or faxed by 3 weeks prior to conference date.

Or

Regular Registration: \$355 if postmarked after 3 weeks prior to conference date.

Group Members:

Required Text (check one)

The book "How Does Your Engine Run?"[®] A Leader's Guide to the Alert Program[®] for Self-Regulation is a required text.

I need to buy a book (add \$30 to registration fee).

Or

BYOB? I am bringing my own Leader's Guide book. No charge!

Payment options (check one)

My check or PO is enclosed made payable to TherapyWorks, Inc.

Or

Charge my credit card (Visa, MC):

Card number _____ Expiration Date _____

Name exactly as it appears on credit card _____

Address that credit card statement is mailed to _____

CIV/CVV # (this is the three digit number from the back of your card) _____

Tell us about you ... so that we can respond more effectively to you, the audience, please provide the following information

I work with (check all that apply)

0-3 preschool elementary mid-school high school adult

My work settings are

school therapy clinic home hospital

Have you read the Alert Program's[®]?

Leader's Guide Book Intro Booklet Take Five! Book Test Drive Book/CD Alert Program[®] CD

I have tried to use the program with a

group individual other not at all

When considering giving a sensory integration in-service to teachers, I feel

very comfortable somewhat comfortable uncomfortable

I have _____ years of experience in pediatrics. At the workshop, I hope to learn: _____

Special needs : If you require any special assistance, due to physical limitations, TherapyWorks, Inc. will make every effort to accommodate your needs. Contact us at least six weeks in advance to ensure that arrangements can be made.

Please send completed form to 4901 Butte PL NW, Albuquerque NM 87120 or fax to (505)899-4071. Call us at (877)897-3478 if you have any questions. Additional copies of this form are available on our website at www.AlertProgram.com.