

LSVT Volunteer Participant Registration Form

(Must be received by October 4, 2010)

REGISTRANT INFORMATION – Please Print Clearly

Name: _____

Address: _____

Phone Number: _____ Alternate Phone Number: _____

Email: _____

1. Have you ever received services from NSHSC before? Yes No

If yes, Where: _____

Name of Speech-Language Pathologist: _____

Name of Audiologist: _____

2. How did you hear about this symposium?

3. Who will be accompanying you to the symposium? (partner/caregiver is required)

4. Do you require any special assistance to participate (e.g. mobility for elevator, seating, refreshments)?

Please return this form to:

Kimberlee Leslie

Nova Scotia Hearing and Speech Centres
5657 Spring Garden Road, Suite 401, Box 120
Halifax, NS B3J 3R4

NSHSC Internal Use Only

- RSVP to LSVT
- Confirmed attendance October 12
- Thank-you
- Consent form