



Nova Scotia Hearing and Speech Centres Clinical Forum 2010

October 13 - October 15, 2010 * Halifax, Nova Scotia

LSVT® RECERTIFICATION REGISTRATION FORM

This form is to be completed by individuals who are looking for **LSVT® recertification**.
The Childhood of Apraxia session information is also included on this form.

REGISTRANT INFORMATION – Please Print Clearly

Title: Mr. Mrs. Ms. Miss Dr.

First Name: _____ Surname: _____

Affiliation: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Email: _____

SESSION SELECTION

Please mark 'X' in the box beside the sessions you wish to attend.

Speech-Language Pathology Sessions

- | | | |
|--------------------|-------------------|--|
| Wednesday, Oct. 13 | 8:30 am – 4:30 pm | <input type="checkbox"/> Childhood Apraxia of Speech (CAS) with Dr. Rebecca McCauley |
| Thursday, Oct. 14 | 8:30 am – 5:00 pm | <input type="checkbox"/> Lee Silverman Voice Tx (LSVT)® Training and Certification Workshop* |
| | 5:00 pm – 7:00 pm | <input type="checkbox"/> LSVT® LOUD free reception for new data collection software (optional) |
| Friday, Oct. 15 | 7:30 am – 8:30 am | <input type="checkbox"/> LSVT® LOUD - Training for eLOUD Telehealth (optional)
(cost: \$60.00 CAD to be paid on-site to LSVT® Global) |
| | 8:30 am – 4:00 pm | <input type="checkbox"/> LSVT® Training and Certification Workshop (Continued)* |

*Note: LSVT® is a 2-day workshop and is open to SLPs only. *Full participation is mandatory for certification. Please contact LSVT® for eligibility for recertification before registering.*

REGISTRATION FEES (All fees in Canadian Dollars)

Speech-Language Pathology

- LSVT® Recertification Fee \$200.00
- CAS \$400.00

Receipts will be available for pick-up at the conference or will be mailed out after the conference.

Registration includes nutrition breaks and lunch.

CANCELLATION POLICY

Cancellations must be received in writing and are subject to a \$50 administration fee. For a full refund, cancellations must be received before July 12, 2010. Cancellations received from July 13 to September 10, 2010 are eligible for a 50% refund.

Cancellations received after September 10, 2010 or ``no show`` registrations are not eligible for any refund.

Substitutions are allowed. All refunds will be issued after the conference.

EVENT LOCATION DETAILS

WTCC (World Trade and Convention Centre)
1800 Argyle Street
Halifax, Nova Scotia

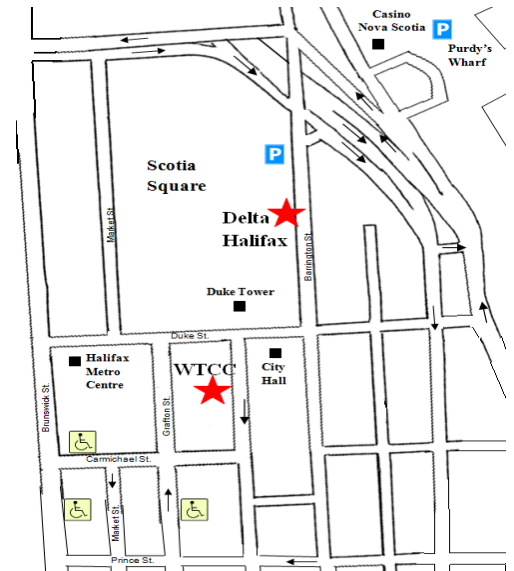
Parking:

Indoor parking is within walking distance of the WTCC:

- Scotia Square
- Purdy's Wharf
- Casino Nova Scotia

Wheelchair accessible parking is available on:

- Carmichael Street (Between Market and Brunswick Streets)
- Brunswick Street (between Prince and Carmichael Streets)
- Grafton Street (between Prince and Carmichael Streets)



ACCOMMODATIONS

A block of hotel rooms has been held at the Delta Halifax at a reduced rate for participants (\$150.00 per night).

This rate is only guaranteed to September 10, 2010. Participants are responsible for their own accommodation arrangements and costs. Reservations can be made by calling Delta Halifax at (902) 474-5150 or toll free at 1-888-423-3582, or by fax at (902) 492-6467. **To ensure that you receive the reduced rate, please indicate the Group Affiliation and Block Code listed below.**

Group Affiliation: NSHSC Clinical Forum 2010 Delegates
Block Code: HACLSB

Delta Halifax
1990 Barrington Street, Halifax, NS
www.deltahalifax.com

OTHER

Please let us know if you have any food allergies or special dietary needs that would help us make your participation at the conference more enjoyable: _____

PAYMENT

Payment made by: Cheque Money Order

Make cheque or money order payable in CDN dollars to ``Nova Scotia Hearing and Speech Centres``

Your registration constitutes acceptance of your personal information being used by the conference organizers for conference purposes only. Your personal information will not be distributed to any parties not associated with the conference.

Your registration constitutes acknowledgement of willingness to appear in photographs and videos taken during the conference and releases the conference organizers from liability resulting from use of such photographs and/or videos.

Signature: _____

Date: _____

**Registration is limited. Spaces will be assigned on a first come, first served basis.
To secure your registration, please mail your completed form with full payment to:**

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

For inquiries call (902) 492-8289 or email: kleslie@nshsc.ns.ca