



## Attendee Information (required)

The information, as it appears below, will be used for your user account within our Learning Management System. Please verify all of the information is correct and make any necessary edits.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Last Name: \_\_\_\_\_

**Check an option below (if graduate student, please indicate area of study):**

- Speech-Language Pathologist  SLP-Assistant  
 SLP Master's Student  SLP Doctoral Student

### Office Contact Information

Office Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Suite/PO Box/Other: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Office Email: \_\_\_\_\_

If you provided office information, would you like us to display your office contact information on our website to receive referrals upon certification?  **Yes**  **No**

**Participant Attendance Policy:** Individual participation in the entire course is mandatory. Participants who do not fully complete every module will not be eligible for certification or a refund of any costs incurred.

**Participant Cancellation Policy:** In the event that a participant cancels registration or does not attend, tuition will be refunded minus the following cancellation fees:

- **\$50.00** cancellation fee any time after registration and up to 2 weeks prior to workshop date or transfer fee to change to a different workshop or online option
- **\$100.00** cancellation fee within 2 weeks prior to workshop date.

**Late Fee:** Registrations received AFTER the registration deadline will be subject to a \$50.00 late fee.

**LSVT Global reserves the right to cancel any workshop due to inadequate attendance.**

**Make checks payable and mail the registration form to:**

LSVT Global  
3323 N Campbell Ave, Suite 5  
Tucson, AZ 85719 USA

**Or fax the registration form to:**

(520) 867-8839

**Or register online at:**

[www.LSVTGlobal.com](http://www.LSVTGlobal.com)