

THE GREENSPAN FLOORTIME APPROACH REGISTRATION FORM

NOTE: IF YOU ARE PAYING WITH A CREDIT CARD YOU MAY REGISTER ON LINE AT WWW.STANLEYGREENSPAN.COM

If you are paying with a check or purchase order, please print this form and return it with payment to:

The Greenspan Floortime Approach
7201 Glenbrook Road, Bethesda, Maryland 20814

Last Name _____ First Name _____

Occupation _____ Degree _____ Organization (if applicable) _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone (area code first) _____ e-mail address **(your confirmation will be sent here)** _____

I am attending in my role as a (Check both, if applicable.): Professional Parent

Profession

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Psychology | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Elementary/Secondary Education | |
| <input type="checkbox"/> Music and/or Dance Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Speech/Language Pathology | |
| <input type="checkbox"/> Other _____ | | |

<p>Please tell us how you heard about us:</p> <input type="checkbox"/> brochure in the mail <input type="checkbox"/> broadcast email <input type="checkbox"/> ICDL website <input type="checkbox"/> Stanley Greenspan website <input type="checkbox"/> recommended by a friend or colleague <input type="checkbox"/> other: _____

Fees

- | | |
|-----------------------------|---|
| Professional Course | \$ 175 |
| Parent Course | \$ 95 |
| Learning Tree Workshop | \$ 100 (\$50 if taken together with a Course) |
| Lifespans Workshop | \$ 100 (\$50 if taken together with a Course) |
| Meltdowns Workshop | \$ 100 (\$50 if taken together with a Course) |
| Regulatory Sensory Workshop | \$ 100 (\$50 if taken together with a Course) |

I am registering for (check appropriate boxes)

- | | | |
|--|--|---|
| <input type="checkbox"/> Professional Course | <input type="checkbox"/> Meltdowns Workshop | <input type="checkbox"/> Lifespan Workshop |
| <input type="checkbox"/> Parent Course | <input type="checkbox"/> Regulatory Sensory Workshop | <input type="checkbox"/> Learning Tree Workshop |

NOTE: Each person attending the Course and workshop must be registered and paid. Sharing a login is **NOT** permitted.

Method of Payment (check one) **Note: If you are paying with a credit card, you may register on line at www.stanleygreenspan.com**

Visa MasterCard Check (payable to Greenspan Floortime Approach) Purchase order number: _____

TOTAL AMOUNT ENCLOSED: \$ _____

Cardholder Name: _____

Cardholder Signature: _____

Card Number: _____

Expiration Date: _____

Cardholder Address if different from address above _____

Make all checks payable to the Greenspan Floortime Approach and mail to 7201 Glenbrook Road, Bethesda, Maryland 20814.

We are not able to accept registrations by fax or phone although messages and inquires are welcome at 301-320-6360.
CONFIRMATION: You will receive an email confirmation of your registration sent to the email address on this form.

CANCELLATION POLICY: Assistance is available to help with technical issues. Contact techhelp@StanleyGreenspan.com If these issues cannot be resolved, your registration fee will be refunded.