



The LinguSystems Difference

To register for any of our DVDs for Groups programs please fill out this form and fax it to 800-577-4555.

Name of School District/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: This is the individual we will contact with any questions regarding the in-service and who is responsible for receiving and returning the paperwork.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

(In-service date must be scheduled a minimum of 30 days from date of this request.)

Please indicate the programs in which you would like to participate:

- Asperger Syndrome & Academics: In-Service Date: \_\_\_\_\_
- Auditory-Linguistic Processing Disorders in Children: In-Service Date: \_\_\_\_\_
- Autism from A to M: In-Service Date: \_\_\_\_\_
- Executive Functions in the Classroom: In-Service Date: \_\_\_\_\_
- Pediatric Cochlear Implant Therapy: In-Service Date: \_\_\_\_\_
- Social Language Development Test – Elementary: In-Service Date: \_\_\_\_\_
- Syndrome Disorders: In-Service Date: \_\_\_\_\_

Number of professionals attending: \_\_\_\_\_ Number who are ASHA members: \_\_\_\_\_

Shipping information if different than above:

Attn: \_\_\_\_\_ Business Name: \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Although we do our best to protect our DVDs, we are aware that occasionally they are damaged in shipments. Please sign here and acknowledge that you will review the DVD(s) a few days prior to your scheduled event and notify us immediately if you need a replacement shipped to you.

Signature: \_\_\_\_\_

For office use only	
Sent	_____
SO	_____