

PDP Registration Information

Registration Procedures

Register by mail, phone, fax or on-line. Early registration is recommended. Mail completed registration form with check or money order to Professional Development Programs postmarked no later than the registration deadline. Make check payable to Professional Development Programs and mail to: 1675 Greeley St. So., Ste. 101 Stillwater, MN 55082. Designate the course and site you plan to attend. Full payment is required to confirm space. For Purchase Orders without payment add \$50 for the processing fee. Copy of PO must accompany registration. Phone, fax or on-line registration must include a valid VISA, MasterCard or Discover number with expiration date & signature.

Documentation/Credit

All participants will receive certification of the number of contact hours attended. If additional information is required for specific credit or CEU purposes, contact Professional Development Programs 6-8 weeks prior to the course.



Professional Development Programs is an American Occupational Therapy Association (AOTA) Approved Provider of Continuing Education. The assignment of AOTA CEUs does not imply endorsement of specific course content, products or clinical procedures by AOTA. See individual course listing for specific information.

APPROVED PROVIDER

ASHA
CONTINUING EDUCATION
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Professional Development Programs & Products is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. **See course information for number of ASHA CEUs, instructional level and content area.** ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

Discounts/Additional Information

Group Size	1-Day Course Discount	2-Day Course Discount
3-5	\$10/person	\$20/person
6 or more	\$20/person	\$30/person

All registrations must be submitted together by the course deadline and all discounts must be taken at time of registration. No refunds are made retroactively or after the course deadline. Maximum combined discount limit is **\$50 for a Two-Day course and \$30 for a One-Day course** from the regular tuition. This brochure may be copied for informational and/or registration purposes.

Cancellation Policy

All cancellations must be in writing and received by PDP at least three weeks prior to the course; no compensation will be granted after that date. The registrant may choose a refund or a transfer credit, minus a \$75 processing fee, to be issued following the program. A transfer credit may be applied toward another PDP course within three years of the issue date.

PDP reserves the right to cancel any course with due cause and refund in full. Participants purchasing NON-refundable airfare tickets should verify course availability before final purchase. Weather and/or transportation difficulties are not the responsibility of the workshop sponsor, PDP, and failure of a chosen means of transportation is not grounds for tuition refund when the course is held.

Authorship disclosure:

The speakers may receive royalties from their authored publications and materials.

For a complete look at our courses and therapeutic products, visit us online at www.pdppro.com.

-----Professional Development Programs Registration Form:-----

Date sent: _____

Please sign me up for the following workshop:

Course Name: _____

Course Dates: _____

Course Location: _____

Additional Course Materials: _____

See individual course listings for any required materials

Course Tuition: _____

8 Week Discount: _____

for registrations received 8 weeks prior to course dates.

4 Week Discount: _____

for registrations received between 8 and 4 weeks prior to course dates.

Group Discount: _____

\$50.00 Late Fee: _____

for registrations received < 1 week prior to course dates.

\$50.00 Processing Fee: _____

for purchase orders requiring invoicing.

Additional Materials: _____

Total Tuition: _____

Name: _____ Professional Title _____ Employer _____

Home Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Evening Phone: _____ Daytime Phone: _____ E-mail: _____

Name as it appears on card (please print) _____ Signature _____

Card Number _____ - _____ - _____ Exp Date _____ / _____ CVV _____

Billing address if different than home address listed above _____

How did you hear about us? _____ Promo Code: _____

Register online at: www.pdppro.com or by phone: 877-439-8865 (M-F; 9-5 CST)