



Bridgeway Academy Workshop Registration Form

Title of Workshop: _____

Date of Workshop: _____

Name: _____

Phone: _____

Mailing Address: _____

Email: _____

Place of Employment: _____

Position and Title: _____

Reason for attending workshop:

- Professional Development
- Personal Interest
- Parent of a child with a LD
- Other: _____

How did you hear about the workshop?

- Fax
- Email
- Website
- Word of Mouth
- Psychologist/Doctor _____
- Other: _____

Office Use Only

Payment Information

- Cash
- Cheque
- Visa/MC
- Debit

Date Payment Received:

Receipt:

- Mail
- Hand delivered