

The Speech-EZ®  
Apraxia Program

**Individual Registration Form**

**Fees:** \_\_\_\_\_ **Parent registration: \$195**  
\_\_\_\_\_ **Dual Parent registration: \$245**

**Payment Method:**

**Purchase order** hard copy enclosed P/O#: \_\_\_\_\_

**Check** enclosed made payable to **FDH, LLC** Amount Paid: \_\_\_\_\_

**Credit Card:** \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security code \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Participant Information:**

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Employer/Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please mail or fax this form to:**

Foundations Developmental House  
4100 S. Lindsay Rd, Ste 113  
Gilbert, AZ 85297

**Fax: 480.219.4203**

Each participant will receive The Speech-EZ® Apraxia Program comprehensive **program manual**. Workshop confirmations will only be sent via email. Please provide a legible email address on your registration form. Cancellation requests must be made in writing and postmarked no later than 10 days prior to the workshop. No refund will be made thereafter. A \$50 per person processing charge will be assessed for all cancellations.