2009 Lecture Series		
Registration Form		
<u>Please Print</u>		
Name:		
Address:		
City:	Postal Code:	
Phone: Home _	Work	
E-Mail Address:		
I would like to receive the LDA Halton's free electronic monthly newsletter. <b>Yes</b> $\square$ <b>No</b> $\square$ I already do $\square$		
Please let us know in what capacity you will be attending: Parent □ Teacher □ Educational Assistant □ Tutor □ Other		
Please check the sessions that you wish to register for.		
April 4 9:00 am to Noon	Ministry of Education Up Dates on Transition Planning - Ensuring Success in Life	
May 9 9:00 am to Noon	ADHD—Looking Beyond Behaviour	
	Please send your registration form to: Learning Disabilities Association of Halton 560 Guelph Line, Burlington L7R 3M4	
For all donatio	A donation at the door would be appreciated. Ins greater than \$10.00 you will be issued a charitable receipt.	