

Trinitas Children's Therapy Services
Workshop Questionnaire

Thank you for your interest in Trinitas Children's Therapy Services workshops and seminars. Please answer the following questions so that we may better assist you in setting up your educational opportunity.

Name: _____

Address: _____

Phone number: _____ Fax: _____ Email: _____

Preferred means of communication: _____

Please indicate topic(s) you are interested in for your workshop:

Please indicate the desired length of the workshop:

Who will be attending the workshop? (teachers, parents, CST members?) _____

How many people will be attending the workshop? (approximately) _____

What space will be available? How is the room set up?

Is audio-visual equipment available (Trinitas can provide Power Point, LCD projector as needed)

Do you need Trinitas to provide certificates for continuing education hours for the workshop?

How did you hear about Trinitas Children's Therapy Services Workshops and Seminars?

Please return completed form to Christine German, MS OTR
Trinitas Children's Therapy Services
Echo Executive Plaza 899 Mountain Avenue, Suite 1A
Springfield, NJ 07081 (973) 218-6394 ext. 4012
(973) 218-6351 fax