

Registration Form for the Summer/Fall 2017 Pittsburgh AAC Language Seminar Series (PALSS)

Sponsored by Semantic Compaction Systems

Space is limited and registrations are accepted on a first come, first served basis. Email completed registration form to Renee McGough at rmcgough@minspeak.com or fax to Renee at 412-885-8548. **Returning the completed Registration Form and receiving an email from Renee at SCS HOLDS a seat and lodging. If employer approval is needed to attend and/or for time off, that must be met before a seat and/or lodging is guaranteed.**

Name:	Email Address*:
Address:	City, State & Zip:
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work	Cell Phone:
Employer:	

***Please provide the most accessible email address that you can be reached at any time and all year long.**

Registrations will be accepted only at designated times (see below). Registrations received for Seminars prior to the "registration open" dates will not be processed and will be returned.

Please Indicate the Seminar you wish to attend (select 1 only please).

****Registration opens May 1, 2017****

July 11-13, 2017 <input type="checkbox"/>	August 15-17, 2017 <input type="checkbox"/>	September 12-14, 2017 <input type="checkbox"/>
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****Registration opens July 5, 2017****

October 10-12, 2017 <input type="checkbox"/>	October 31-November 2, 2017 <input type="checkbox"/>
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Do you want to be added to a possible waiting list for other seminar openings? Yes No

Please Indicate Your Mode of Travel:

Driving Flying

Do you require lodging while you are here?*

Yes No

*Please refer to our PALSS website for further details on lodging and travel.

<http://www.minspeak.com/PittsburghAACLanguageSeminarSeries.php#.UOXjHaywWSo>

The lodging at our Guest Houses is very "relaxed/homelike". Most, but not all bedrooms are doubles (2 beds and 2 people per room) with either an en-suite bath or shared hall bath. We have a few single rooms with a shared hall bath. If you are uncomfortable with this housing arrangement, you are welcome to choose alternate lodging at your own expense.

Please Indicate any Dietary Restrictions:

Vegetarian <input type="checkbox"/>	Kosher <input type="checkbox"/>	Other, please specify: <input type="checkbox"/>
Vegan <input type="checkbox"/>	Dairy Free <input type="checkbox"/>	
Gluten Free <input type="checkbox"/>		None <input type="checkbox"/>

Please indicate your Title/Role

Speech-Language Pathologist <input type="checkbox"/>	Educator: <input type="checkbox"/>	Other, please specify: <input type="checkbox"/>
Parent of an AAC User <input type="checkbox"/>	Occupational Therapist <input type="checkbox"/>	

What populations do you serve? (check all that apply)

Early Intervention <input type="checkbox"/>	Adult <input type="checkbox"/>
School Age <input type="checkbox"/>	Geriatric <input type="checkbox"/>

What is the primary disability group that you serve?

Autism Spectrum Disorders <input type="checkbox"/>	Cerebral Palsy <input type="checkbox"/>	Other, please specify: <input type="checkbox"/>
Developmental Disability <input type="checkbox"/>	Adult Neurogenic <input type="checkbox"/>	

How many individuals using AAC do you currently serve? _____