

Registration Form

Name and Surname:	
Occupation:	
Address: House N° / Name:	
Street:	
Locality/Postal Code	
Landline:	
Mobile:	
Email Address:	

Kindly indicate which of the following workshops you would like to attend in order of preference, **1** being the one you most and **7** the least one you would like to attend: Each participant has the possibility to attend TWO workshops

Recognition - an alternative way to promote early reading motivation	Workshop 1	
Understanding Assessment Reports and Plans of Actions	Workshop 2	
Supporting the secondary school students with dyslexia	Workshop 3	
Supporting the primary school students with dyslexia	Workshop 4	
How do I manage my child's anxiety? Cognitive Behavioural Techniques (CBT) for parents.	Workshop 5	
Parental Empowerment and Self Advocacy	Workshop 6	
Using the Kurzweil	Workshop 7	

Signature:	Date:
------------	-------

Kindly indicate any special dietary requirements:

Please note that no registration form will be accepted without the relevant payment.

Thursday Afternoon only: €30 ☐

Saturday whole day only: €40 ☐

Thursday and Saturday: : €50 ☐

Payment Form Cash ☐ Cheque details _____

Kindly send your registration form and payment to Mary Rose Formosa

Malta Dyslexia Association POBOX 04 St Julians

Contact No.: 79887744 <https://www.facebook.com/MaltaDyslexiaAssociation>

Registration deadline: Friday 1st November 2014