

**«The LSVT® Training & Certification Workshop»**

**REGISTRATION FORM**

Please fill in and send the registration form to the secretariat.

E-mail: [info@logopedists.gr](mailto:info@logopedists.gr),

Fax: +30 210-777 99 22

SURNAME	
NAME	
PROFESSION / SPECIALITY	
INSTITUTE	
ADDRESS	
TEL.	MOBILE
FAX	
E-MAIL: <b>(necessary)</b>	

Members of PAL <input type="checkbox"/>	€ 650
Speechtherapists non-members of PAL <input type="checkbox"/>	€ 700

I have deposited the amount of € \_\_\_\_\_ which refers to my registration at the bank account of  
Commercial Bank: 81376425,  
IBAN: GR90 0120 0430 0000 0008 1376 425, BIC: EMPOGRAA.

Attached is the bank transfer receipt.

Date \_\_\_\_\_

Signature \_\_\_\_\_