

## 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:  Mail  Phone  Email  Fax

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?)

\_\_\_\_\_

Approximately how many people will be attending the workshop? \_\_\_\_\_

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 Luhrs, OTR  
Trinitas Children's Therapy Services  
235 Birchwood Ave, Cranford NJ 07016  
Fax: 908-276-2635 Email: CLuhrs@trinitas.org