Please type or

Department of Education Speech/Language Weekends with the Experts February 22-23, 2003

Tampa, Florida

Name of School District:		
Address:		
Name of District Speech/Lang	uage Coordinator:	
Phone Number:	Email:	
Do not register more than the 2003, in Tampa, Florida.	e following number of partic	ipants per district for the workshop on February 22-23,
Number of participants: 8 per very-large size district 6 per large size district 4 per medium size district 2 per med-small size district 1 per small size district	Counties: (Dade, Broward, Hillsborough, Palm Beach, Orange, Duval, Pinellas) (Polk, Brevard, Volusia, Seminole, Lee, Pasco, Escambia) (Marion, Manatee, Sarasota, Leon, Collier, Okaloosa, Osceola, Alachua, St. Lucie, Lake, Clay, Bay, Santa Rosa, St. Johns) (Charlotte, Hernando, Martin, Citrus, Indian River, Putnam, Highlands, Nassau, Monroe, Columbia, Gadsden, Jackson, Hendry) (Okeechobee, Levy, Flagler, Sumter, Walton, Suwannee, Hardee, Baker, DeSoto, Wakulla, Bradford, Taylor, Holmes, Madison, Washington, Gilchrist, Dixie, Union, Gulf, Calhoun, Hamilton, Jefferson, Franklin, Liberty, Glades, Lafayette)	
Participant's Name		Phone Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
The district Speech/Langu Experts.	uage Coordinator will attend	d the February 22-23, 2003, Weekends with the
Name		
If there is space available, I ha additional sheet of paper).	eve additional therapists wh	o would like to attend this workshop (please list on an
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Sharon Alemar CSPD Project, University of South Florida 140 7th Avenue South, SVB 108 St. Petersburg, FL 33701-5016 FAX 727-553-3180 Telephone 727-553-3182