

**Parent to Parent: Family Training on AD/HD
Jan. 6 - Mar. 3, 2009 Class**

Registration Form

Name: _____

Address: _____

Phone: _____ E-mail: _____

Names of parents/guardians attending program (max 2 people/family):

(1) _____ (2) _____

Cost: \$100.00

Send check or money order to: **CHADD of North Broward
C/O Eileen Cobb
9935 NW 49th Place
Coral Springs, FL 33076**

Contact Phone number for program: 954-341-4254

Contact e-mail address for program: EK Cobb710@aol.com

- Each family will receive a comprehensive handbook
- This course is limited to 15 people
- **Deadline for registration is January 6, 2009** (payment in full must accompany registration).
- Limited partial scholarships available. E-mail or call to request.
- You will receive a call confirming your enrollment in the course after your registration form is received.
