

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: \_\_\_\_\_

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?) \_\_\_\_\_

How many people will be attending the workshop? (approximately) \_\_\_\_\_

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 Kellianne Martin, OT, DOT  
Trinitas Children's Therapy Services  
Echo Executive Plaza 899 Mountain Avenue, Suite 1A  
Springfield, NJ 07081 (973) 218-6394 ext. 4135  
(973) 218-6351 fax