

Learning Difficulties Symposium

Tuesday 17th September 2019

Term 3

VENUE:

Castle Hill RSL, Phoenix Room,
77 Castle St, Castle Hill

TIMETABLE:

9.00am	Registration
9.20am	Welcome
9.30 - 11.00	Seminar One
11.00 - 11.15	Morning Tea (provided)
11.15 - 12.45	Seminar Two
12.45 - 1.30	Lunch (provided)
1.30 - 3.00	Seminar Three

PARKING:

Free parking at the Club

COST: (includes morning tea & lunch)

Seminar Payment Only

- \$95 Seminar - LDC Member
- \$165 Seminar - Non LDC member

Seminar & **NEW** Membership Offer

- \$125 Seminar entry & NEW Individual membership (until 31.5.20)
- \$145 Seminar entry & NEW School membership (until 31.5.20)

Seminar One

Reading Disorders: Presentations and Treatment

Presented by Dr Saskia Kohnen

(Clinical Director, Macquarie University Reading Clinic)

Seminar Two

Supporting Vocabulary Across All Grades and Subjects

Presented by Dr Samantha Hornery

(Education Manager, Learning Links)

Seminar Three

Emotional Regulation and Anxiety for Students with ADHD and Learning Difficulties

Presented by Andrew Greenfield

(Child and Educational Psychologist)

See website for further details about each seminar: www.ldc.org.au

SEATS ARE LIMITED - PLEASE REGISTER EARLY

- 2 registrants @ member rates per Individual Membership (Member + guest)
- 6 staff @ member rates per School/Organisation Membership
- Register online @ www.ldc.org.au **OR** send completed form with payment to the LDC.

REGISTRATION & PAYMENT must be received by Tuesday

3rd September 2019 UNLESS SOLD OUT

(Please note: LMBR/ EdConnect payments accepted late)

PAYMENT OPTIONS

- PayPal OR credit card (go to www.ldc.org.au)
- Cheque (Made out to "Learning Difficulties Coalition")
Post to: LDC Office, PO Box 140, Westmead, 2145
- Direct Deposit (St George Bank, BSB 112 879,
A/C No: 044 050 245 *Please insert your surname as the reference to verify payment*)

Refund of fees, less 30% administration, will be available up to 14 days prior to conference commencement. No cancellations accepted later than 14 days to conference. Substitute delegates welcomed at no extra charge.

Name: _____

School Name (if applicable): _____

Address: _____ Suburb: _____ P/C: _____

Ph: _____ Email (**PRINT CLEARLY**): _____

*****NOTE: Please notify the office of any dietary requirements before 3rd September*****

GST FREE

TAX INVOICE

ABN 93 046 401 929

PH: 02 9806 9960

OFFICE USE ONLY:

Date: _____ Reg List: _____ Contact: _____ Receipt No: _____ Email Reg: _____ Email Paid: _____