



Stuttering? Heart Racing? MUMBLING? ANXIETY? TURNING RED? SHYNESS SHAKING?

BUILDING CONFIDENCE THROUGH COMMUNICATION

PROGRAM REGISTRATION

Parents Full Name:

School Name: (school workshops only)

Students Name: (private coaching only)

Students Age:

Address:

City:

Province/State:

P.C./Zip:

Tel:

Email:

WORKSHOP DETAILS

Workshop:

Special Requirements:

REFERRED BY

Name:



For more information, please call 905-828-8333
or email us at register@standupandspeak.com

Reset

Submit