

Student Occupational Time Line

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SUBSCRIPTION

Upon receipt of your check, you will receive:

- An email acknowledgement
- Log-on information
- Staff entry capability

Name: _____
First Last

Phone: _____ Fax: _____

Email: _____

Please indicate: I am a _____ Supervisor / Owner
_____ Staff Therapist

District School / Clinic / Group Name

Address City State / Zip Code

Your Primary Office School / Clinic Name

Single Therapist	\$75.00 per year
Supervisor + 1 – 5 Therapists	\$140.00 per year
Supervisor + 6 – 10 Therapists	\$250.00 per year
Supervisor + 11 – 15 Therapists	\$450.00 per year
Supervisor + 16 – 20 Therapists	\$500.00 per year

To Subscribe:

-Please address your check to: **Mary Block**
-Please mail to: **Mary Block c/o School-Ready Therapy**
23527 East Road
Lake Zurich, IL 60047

Please contact us at sotlhelp@comcast.net

- With questions
- To schedule a workshop / lecture
- If you have more than the 20 associates