



American Sign Language

# TEACHING SERVICES

## Now 2 Locations

### SPRING 2018

**LOCATION 1: ACADEMY OF LEARNING COLLEGE - 77 REDWOOD AVE**

SATURDAYS ↘ 12 STUDENTS

No:	Course	Time	Hours	Date Start	Date End	Cost
1	A.S.L. 101	9:00 A.M. - 1:00 P.M.	40	APRIL 7	JUNE 16	<del>\$300.00</del>
2	A.S.L. 102	9:00 A.M. - 1:00 P.M.	40	APRIL 7	JUNE 16	\$325.00

**LOCATION 2: DEAF CENTRE MANITOBA - 285 PEMBINA HIGHWAY**

SATURDAYS ↘ 12 STUDENTS

No:	Course	Time	Hours	Date Start	Date End	Cost
3	A.S.L. 101	9:30 A.M. - 1:30 P.M.	40	APRIL 7	JUNE 16	\$300.00
4	A.S.L. 102	9:30 A.M. - 1:30 P.M.	40	APRIL 7	JUNE 16	\$325.00
5	A.S.L. 103	9:30 A.M. - 1:30 P.M.	40	APRIL 7	JUNE 16	\$325.00
6	A.S.L. 201	9:30 A.M. - 1:30 P.M.	40	APRIL 7	JUNE 16	\$325.00
7	A.S.L. 203	9:30 A.M. - 1:30 P.M.	40	APRIL 7	JUNE 16	\$325.00

MONDAYS & WEDNESDAYS

No:	Course	Time	Hours	Date Start	Date End	Cost
8	A.S.L. 101	5:30 P.M. - 7:30 P.M.	40	APRIL 9	JUNE 18	\$300.00
9	A.S.L. 102	7:30 P.M. - 9:30 P.M.	40	APRIL 9	JUNE 18	\$325.00
10	A.S.L. 103	5:30 P.M. - 7:30 P.M.	40	APRIL 9	JUNE 18	\$325.00

TUESDAYS

No:	Course	Time	Hours	Date Start	Date End	Cost
11	A.S.L. 101	9:30 A.M. - 1:30 P.M.	40	APRIL 10	JUNE 12	\$300.00
12	A.S.L. 102	9:30 A.M. - 1:30 P.M.	40	APRIL 10	JUNE 12	\$325.00

TUESDAYS & THURSDAYS

No:	Course	Time	Hours	Date Start	Date End	Cost
13	A.S.L. 101	7:30 P.M. - 9:30 P.M.	40	APRIL 10	JUNE 14	\$300.00
14	A.S.L. 102	5:30 P.M. - 7:30 P.M.	40	APRIL 10	JUNE 14	\$325.00
15	A.S.L. 201	5:30 P.M. - 7:30 P.M.	40	APRIL 10	JUNE 14	\$325.00

NO CLASS ON MAY 19 & 21 and \$15.48 GST is included

IF YOU HAVE QUESTIONS, PLEASE CONTACT CATHY BRAUNLICH

E-MAIL: [aslteach@mts.net](mailto:aslteach@mts.net)

FAX: (204) 475-7657

TO LEAVE A VOICE MAIL OR TEXT: 204-998-7556

REGISTER ON-LINE - [www.aslts.ca](http://www.aslts.ca)

PLEASE FORWARD CHEQUE OR MONEY ORDER TO ASL TEACHING SERVICES

\$25.00 FEE EITHER ANY RETURNED CHEQUE OR AFTER YOUR SECOND CLASS

For ASL 102 & up, Please bring your certificate or transcript on the first day of the class.

### Registration Form (PLEASE PRINT CLEARLY)

NAME:		
ADDRESS:		
TOWN/CITY	PROV:	PC:
PHONE (Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> ):		
E-MAIL:		
COURSE NO:		

ONLY OFFICE:			
CHQ:	M.O. #	CASH \$	DATE:
COURSE NO:			

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