

Occupational Therapy CE Conference & Luncheon

Registration Form

December 5, 2009 - Eugene Applebaum College of Pharmacy & Health Sciences
259 Mack Avenue, Detroit, MI 48201 - Complimentary Parking

9:00-11:00am

Dr Jill Bolte Taylor
Morning Keynote Address
"My Stroke of Insight"



11:30-1:00pm

OT Conference Luncheon

1:00- 2:15pm

Breakout Sessions I

2:30-3:45pm

Breakout Sessions II

3:45-4:30pm

Dessert & Coffee Reception

Tour of OT Program

4:30pm

Adjournment

Breakout Session Titles:

- Fieldwork Updates
- Evidenced-Based Interventions for Hemiplegia
- Household "Moves" in Late Life- Gerontology Study
- Driving Simulator Research Lab Tour/Workshop

Online registration and detailed information, visit:

www.oplearning.com or
call (734)353-4752

Continued Education:

This conference offers 5 Contact Hours.



APPROVED PROVIDER OF
CONTINUING EDUCATION
by The American Occupational
Therapy Association, Inc.

Thank you to our Sponsors:

Registration:

Select your profession:

- Occupational Therapist
 Certified Occupational Therapy Assistant
 Other Professionals: _____

Provide information as requested for each person attending:

Name: _____

Credentials (this will be on certificate): _____

Home Address: _____

City/ State/ Zip: _____

Email: _____

Facility: _____

Daytime Phone: _____ Fax: _____

Which do you prefer for confirmation? email fax

Check here if you request a vegetarian entree: vegetarian entree

Registration Fees:

	Early Registration Fee By November 23	Late Registration Fee After November 23
Professionals	<input type="checkbox"/> \$139.00	<input type="checkbox"/> \$149.00
WSU Alumni/Students	<input type="checkbox"/> \$119.00	<input type="checkbox"/> \$129.00
Keynote Only	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$35.00
Keynote Alumni/Students	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$30.00

Payment Method:

Visa MC Check (make payable to: Onsite Professional Learning)

Card Number: _____

Expiration: _____ Billing Zip Code: _____

Signature: _____

Name on Card: _____

Register Online at: www.oplearning.com

Return with Payment to: OPL, 3300 Washtenaw Ave., Ste 220,
Ann Arbor, MI 48104

Fax Registration to: 734.677.2407

Payment or purchase orders must be included to process your registration.
Federal Tax ID 27-0131149

Questions? Call 734-353-4752 or visit www.oplearning.com